

353

(WIT / DC / ED / A / F / R / D)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

## INMATE'S REQUEST TO STAFF MEMBER

## INSTRUCTIONS

1 :

CY00-1846  
Complete items number 1-7. If you follow instructions in preparing your request it can be disposed of more promptly and intelligently.3  
10-25

1. TO: (NAME AND TITLE OF OFFICER)

Mr. Forr / Superintendents assistant /

2. DATE

21 Apr. 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Jeffery Moser BE4713

4. COUNSELOR'S NAME

Dudeck

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM

WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Mr. Forr,

Please see Enclosed is a Hand copy of the report from the Doctor I have made this so you can reference it against the original and know the truth of what was said, and see the unjust and suffering I must endure, So the Medical staff & Administration can stay in compliance with there "Policies" which are in fact unlawfull as well civil crimes against me. I am well within my rights to Hand Copy this and any report in any of my Files, As this is America and we have the F.O.I.A. and Const. rights even if this Administration elects (Pa. D.O.C.) elects to walk all over the Prisoner & Taxpayer in there actions...

Please get back to me if I can be of anymore Assitance. God Bless you & Yours...

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

JEF Moser

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804  
Part II

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P. O. BOX 598  
Camp Hill, PA 17011

*Appealed  
SUPER-1-16-00  
W.H. Wolf*

OFFICIAL INMATE GRIEVANCE  
INITIAL REVIEW RESPONSE

GRIEVANCE NO. FRA-0001-00

TO: (Name & DC#) Jeffrey Moser BE-4713	INSTITUTION:  SCI-Frackville	QUARTERS:  A-A22	GRIEVANCE DATE:  12-23-99
--	------------------------------------	------------------------	---------------------------------

The following is a summary of my findings regarding your grievance:

The decision to detoxify you from the addicting drugs was made by a team of three physicians - Dr. Maue, Medical Director for the Pennsylvania Department of Corrections and practicing psychiatrist; Dr. O'Connor, Medical Director for SCI Frackville, whose credentials include addiction specialist, and Dr. Newton, treating psychiatrist. Their decision is within the guidelines of DOC policy which specifically targets drugs like Benzodiazepines. Contrary to your belief, this is not a "Frackville policy", but a written DOC policy.

There is no documentation of any allergic reaction to other psychotropic medication - only your statement that you had one. There is abundant documentation of your adamant refusal to take anything but Benzodiazepines.

I held a personal interview with you as you requested, but you clearly stated that the only reason you requested it was because you thought that an interview would somehow make me "officially involved".

My signature attests to my involvement.

CC:

DC-15  
File

Refer to DC-ADM 804, Section VIII, for instructions on Grievance System Appeal Procedures	SIGNATURE OF GRIEVANCE OFFICER:  <i>Linda J. Nauroth</i> Linda J. Nauroth, CHCA	DATE:  01-11-00
---	--	-----------------------

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598(Certification of mail) (inst.)  
- 29 DEC 99 - Jeff Moser  
with By: [Signature]  
Interviews requested / hand copied

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0001-00

TO: GRIEVANCE COORDINATOR	INSTITUTION S.C.E. FRACKVILLE	DATE 23 DEC 99
FROM: (Commitment Name & Number) Moser BE4713	INMATE'S SIGNATURE Jeff Moser	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT A-A-22	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I HAVE BEEN ON MENTAL HEALTH'S MEDICATION SINCE THE 1980'S WHICH ARE EVEN REFLECTED IN MY OLD 1989 TO 1992 D.O.C. MEDICAL RECORDS. ON THE FRACKVILLE I TAKE THE SAME MEDS & PATIENT COUNSELING AS NEEDED. \* NOW "DR. NEWTON" HAS CUT OFF "ALL" "MEDICATIONS", & TREATMENT, STATING THAT I SHOULD HAVE "CONTINUED TO TAKE A MEDICATION, (I HAD AN ALLERGIC REACTION TOO!) THIS IS MEDICAL NEGLECT TO EVEN SUBJECT TO TAKE MEDICATION HARMFUL TO ME (OR) RECEIVE NO FURTHER MEDICATIONS (OR) TREATMENT. - "THIS ALL SEEM TO COME OUT OF AN UNWRITTEN BUT WELL DOCUMENTED POLICY OF S.C.E. FRACKVILLE TO DISCRIMINATE AND TARGET CONTINUING MEDICATION SUCH AS (ADONIS) (PACUET) ETC... THESE MEDS WILL NOT BE GIVEN OR CONTINUE TO BE GIVEN AFTER YOU ARE RECEIVED AT S.C.E. FRACK. REGARDLESS OF THE NEED FOR SUCH MEDS, SOUGHT BY DOCTOR REFUSED HAND FOR PATIENT. EVEN AT THE COST OF HUMAN RESPECTABILITY OF LIFE! THIS ADMINISTRATIVE POLICY DICTATES MEDICAL TREATMENTS, UNLAWFULLY. I AM BEING REFUSE "ANY" EFFECTIVE MENTAL HEALTH

## B. Actions taken and staff you have contacted before submitting this grievance:

TREATMENT NOW, I DID NOT GET CURED ON THE DRUGS HERE ALL REFUSAL ARE YOURS TO TREAT Admin. Refused.

[Consulted with, DR. NEWTON, DR. NAWROTH, MENTAL HEALTH NURSE, MR. SAMEROD, AND ATTEMPT TO FILE GRIEVANCE EFFECTIVELY.]  
\* HAND COPY REMAINED - PERSONAL INTERVIEW REQUESTED - WITNESSED MAILING. -

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804  
Part II

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P. O. BOX 598  
Camp Hill, PA 17011

GRIEVANCE NO. FRA-0007-00

OFFICIAL INMATE GRIEVANCE  
INITIAL REVIEW RESPONSE

TO: (Name & DC#) Jeffrey Moser BE-4713	INSTITUTION:  SCI-Frackville	QUARTERS:  A-A22	GRIEVANCE DATE:  01-08-00
--	------------------------------------	------------------------	---------------------------------

The following is a summary of my findings regarding your grievance:

Your logic amazes me. Do you truly believe that Tylenol is more damaging to your liver than hard-core narcotics? No one will argue that Morphine is not "effective pain meds without Tylenol". It is. Is it the appropriate daily chronic medication for someone who is dying in pain? Probably. Is it the appropriate medication for a healthy, young man with a disc problem? Our doctors don't think so.

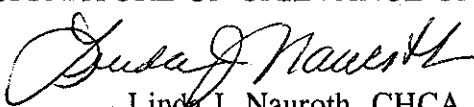
Yes, I did say "healthy". You do have Hepatitis C and there is documentation on your chart that Dr. O'Connor told you about it, but that doesn't mean you are "terminally ill". Dr. O'Connor could not have told you that you "can't have the Hep C treatments" because that decision has not been made. This is a complex disease with complex treatment. Decisions regarding candidates for treatment are made by a multi-disciplinary committee and I know for a fact that your case has not yet been discussed. The good news is that your liver enzymes are much, much better now than they were when you first came here in 1991.

I have made appointments for any inmate who wants to discuss Hepatitis C and I will be glad to meet with you if you like. The only thing I ask is that you leave your litany of allegations and accusations in your cell.

Regarding the MRI of your back - you are very much aware of the situation: You had an appointment; you went to have it done; they couldn't do it because you're too big to fit into the machine. We have rescheduled you for a different MRI site. What you call "stall tactics" we call waiting for an appointment - just like people on the street have to do.

A grievance is not the proper forum to request an interview with the Superintendent. You can appeal this grievance response to him if you wish, as is explained in your handbook.

cc: DC-15  
File

Refer to DC-ADM 804, Section VIII, for instructions on Grievance System Appeal Procedures	SIGNATURE OF GRIEVANCE OFFICER:  Linda J. Nauroth, CHCA	DATE:  01-11-00
---	---	-----------------------



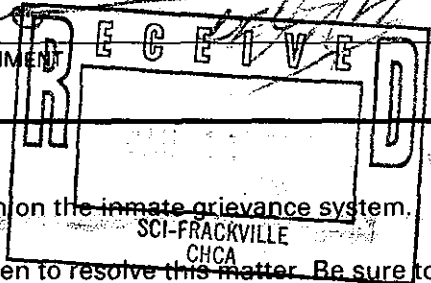
DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598Submission Witnesses  
Cop/ Dated 8 Jan '00WIT: Jeffery Paul Moser

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0007-00

TO: GRIEVANCE COORDINATOR	INSTITUTION <b>S.C.I. FRACKVILLE</b>	DATE <b>8th Jan. 00</b>
FROM: (Commitment Name & Number) <b>Jeffery Paul Moser BE4713</b>	INMATE'S SIGNATURE	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <b>A-A-02</b>	



## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I was recently dianosed with Hep C. a terminal ILLNESS, I was Never told that I had this Illness , untill I found out months later on my own reveiw of my medical file, [Never Advised BY STAFF] Now because of S.C.I.F. medication discrimination policy (unwritten but Documented) I am Being Refused Proper Pain medication Without Tylnol in it (LIVER DAMAGING AGENT) DEATH TO H.V.C. patients. Such as Oxycotine, M/s Cotton Ect. Effective Pain Meds without Tylnol. I expect Retalitory actions towards Me in the form of, Stopping all my meds for filing this Geievance Which with that I will unable to Function and in seewer Pain. Also Dr.O'Connor States I can't have the Hep. C. Treatments because of my mental History. But he JUSTHAD THE DR. NEWTON STOP ALL MY MEDS. BECAUSE THEY ARE NOT PERMITTED TO BE DISPENCED HERE & I HAVE NO MENTAL PROBLEM ACCORDING TO HIM! A Toldl Contridiction. I Demand Proper treatment for my

B. Actions taken and staff you have contacted before submitting this grievance: Terminal Illness & Spinal Injury & Numeire Stall Tactic's (M.R.I.) Failed Notific

I've talk with Dr. O'Connor, The P.A. (s) Ms. Nauroth , wrote and awaiting court Intevention. Made Arrangment to Retain Schnader. S. H. & Lewis Pliaa. If issue not resolved, Please contact me, Superintend InterveiW requested....

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598\*REQUEST PERSONAL INTERVIEW  
\*PLEASE ASSIGN NO. # THIS TIME.

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.  

TO: GRIEVANCE COORDINATOR	INSTITUTION S.C.E. FRACKVILLE	DATE 23 DEC 99
FROM: (Commitment Name & Number) MOSEN BE4713	INMATE'S SIGNATURE <i>[Signature]</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT A - A - 22	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I HAVE BEEN ON Mental Health, 3 ANX. MEDICATIONS SINCE THE 1980'S WHICH ARE EVEN REFLECTED IN MY OLDEN 1989 TO 1992 D.O.C. Medical Records. IN THE FREEDOM I TAKE THE SAME MEDS, AND ATTEND COUNSELING. NOW DR. NEWTON HAS LET ME OFF ALL TREATMENT, SAYING THAT I SHOULD HAVE "CONTINUED TO TAKE A Medication I HAD ALLERGIC (ALL) REACTIONS TOO". THIS IS MEDICAL NEGLIGENCE, TO SAYOT I TAKE SOMETHING HARMFUL. AND BLATANT DELIBERATE INDIFFERENCE SO BLATANT, IT SHOW THE MEDICAL STAFF'S INTENTIONS, TOWARDS RETALIATION AGAINST ME. THIS ALL SEEMS TO COME OUT OF THE "UNWRITTEN (BUT) WELL DOCUMENTED POLICY OF S.C.E. FRACKVILLE" TO DISCRIMINATE AGAINST TARGETED MEDICATIONS, EVEN AT THE COST OF HUMAN BEINGS (INMATES) LIVES. WHICH IS AN 8TH AMEND VIOLATION & BE ON NOTICE. I DID NOT GET LURED ON THE DRIVE

## B. Actions taken and staff you have contacted before submitting this grievance.

(HERE AND ALL REFUSAL ARE YOURS TO TREAT?)  
(I'M PROFESSIONALLY 3 PROPER 3 AT ALL) ...  
SPOKE TO DR. NEWTON, DR. O'CONNOR, DR. NAWMOTH, MEDICAL HEALTH NURSES, - BEFORE 1ST EXHAUSTION GRIEVANCE - PLEASE REVIEW, 3 TAKE ACTION (INMATE IS INDIGENT AT THIS TIME.)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

PLEASE ASSIGN NO# 2

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.  

TO: GRIEVANCE COORDINATOR	INSTITUTION <b>S. L. F. FRACKVILLE</b>	DATE <b>12-23-99</b>
FROM: (Commitment Name & Number) <b>MOSEK BE4713</b>	INMATE'S SIGNATURE <i>Jeffrey Mosek</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <b>A-A-22</b>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I KNOW IT IS MR. FOUR INTENTION TO UNLAWFULLY STALL THE GRIEVANCE PROCESS BY NOT ASSIGNING A GRIEVANCE NO# TO VALID GRIEVANCE (LIFE THREATENING) HIDING BEHIND POLICY, STATING THAT HE WANTS THE ORIGINAL OF COPIES OF ALL REQUEST SLIPS, I.E. PAPERWORK. NOW TO ADDRESS THIS WHEN MR. FOUR HAS SAID PAPERWORK AND MORE ACCESS TO SAID RECORDS & FILES. THEN INMATE. HIS POLICY (INDIFFERENCE) IS SUCH THAT IF YOU "INDIGNANT" AS (I AM) YOU CAN NOT AFFORD COPIES AND IF YOU ARE WISE YOU WILL NOT SEND YOUR "ONLY ORIGINALS" TO HIM TO BE MISSTATEDLY LOST, BUT RATHER TO YOUR LEGAL COUNSEL, AS I HAVE RECENTLY ACCESSED. SO I VIEW THIS AVOIDANCE & DELIBERATE INDIFFERENCE, TO SAY THAT IF YOU "INDIGNANT" YOU CAN'T POSSIBLY FILE A GRIEVANCE THROUGH MR. FOUR. AND EXPECT TO GET A GRIEVANCE NO# OR RESULTS, EVEN IN LIFE THREATENING MEDICAL SITUATION. THERE ONLY CRIMINALS.

## B. Actions taken and staff you have contacted before submitting this grievance:

SEND COPIES TO A.C.L.U.'S ATTORNEY & CAMPBELL - THROUGH ORIGINALS AND COUNSEL. (3RD TIME I ADDRESS INDIFFERENCE IN PROCESS TO MR. FOUR.) \* REQUEST PERSONAL INTERVIEW.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date



DC-804

PART 1 of 2

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.  

TO: GRIEVANCE COORDINATOR	INSTITUTION <i>S.C.E. FRANKVILLE</i>	DATE <i>27 DEC 99</i>
FROM: (Commitment Name & Number) <i>MOSEK BE4713</i>	INMATE'S SIGNATURE <i>Jeffery Paul Mosek</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <i>4-A-22</i>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

*FOR MY PERSONAL Sake, AS THE LAST EMPLOYED THREAT MY REPLY TAKE! NOW TO DATE, (OFC. SWADDEL) (2nd shift) TOOK MY PHONE TIME FOR THIS WEEK IN FRONT OF WITNESS MY TIMES ARE (8am mon, 8am wed, 1:30pm sat) THE 8am CALL WAS RE-ARRANGED (EARLY ATTORNEY CONFERENCE CALL) PLANNED WEEKS AHEAD OF TIME, THIS MR. SWADDEL KNOW MENTION OF, BECAUSE WHEN I GOT MY PHONE I MENTIONED WHY I NEED (2) 8am morning CALLS. \*UPON REQUESTING MY CALL AT 8am, I WAS TOLD THAT MR. SWADDEL INDICATED & REFUSED ALL MY CALLS (3\*) OF THEM THIS WEEK, THIS WAS A LIE AND A PLANTANT ACT OF INDIFFERENCE TOWARDS, SO MUCH, HE MUST OF RE-WROTE THE PHONE LOG, BECAUSE MY WITNESS: MYSELF SAW HIM RECORD MY PHONE TIMES. IT'S BEEN INDICATED THAT HE VIEWS ME AS A SKIDHOUSE LAWYER AND WILL GO TO ANY LENGTHS TO HARASS ME! HIS ACTION CUT OFF ALL MY LEGAL ACCESS THIS WEEK. \* NOW AS OF FILING THIS GRIEVANCE, I SUPPOSE I AM GOING TO SUFFER EXTREME HARASSMENT, UNLAWFULLY. BUT I WILL NOT LET*

B. Actions taken and staff you have contacted before submitting this grievance: *Violations of my rights, TO DEFEND ME FROM HARASSMENT. PLEASE REVIEW THE SITUATION AND MAKE WRITTEN RECORD OF ALL ACTIONS. YOU ARE MADE AWARE GOD BLESS*

*MR. MR. SWADDEL & FEEL HAS DONE SOMETHING ELSE TO ME, BUT IT IS TOO PERSONAL IN NATURE I FEEL TO ADDRESS MR S.C.E.F., SO I WILL ASK FOR AN INFORMAL REVIEW FROM THE COMMISSIONER'S OFFICE, TO LIMIT THE LEVELS OF RETALIATION TOWARDS ME (FOR TALKING)*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date



DC-804

PART 1

(1 of 2 Pages)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 

TO: GRIEVANCE COORDINATOR	INSTITUTION <u>S. C. E. FRANKVILLE</u>	DATE <u>27 DEC 99</u>
FROM: (Commitment Name & Number) <u>Jeffery Moser #4713</u>	INMATE'S SIGNATURE <u>Jeffery Moser</u>	
WORK ASSIGNMENT <u>N/A</u>	QUARTERS ASSIGNMENT <u>A.A. 22</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

IN THE PAST MONTH I HAVE BEEN SUBJECT TO HARASSMENT BY MY BLOCK OFFICER (OFFICER SUNDAL) AND OTHER OFFICERS, WHEN I BROUGHT THIS TO THE 2ND SHIFT SGT. ATTENTION JACKS ON, I WAS TOLD "YOU DON'T WANT TO GET INTO A FIGHT WITH THE OFFICER" ("BECAUSE WE WILL WIN") MEANING IF I FILED GRIEVANCE, I WOULD BE HARASSED MORE, RECEIVE RETALIATORY MISCONDUCT ETC... WHICH IS DELIBERATE INDIFFERENCE AND UNLAWFUL ACTION BEING TAKEN AGAINST ME, FOR EXERCISING MY RIGHTS (SPEECH, PETITION) IN AN EFFORT TO DEPRIVE ME LEGAL ACCESS (TELEPHONE) (ARCADE) (Etc...) AND ABUSE OF POWER AND USE EVEN RETALIATORY TACTICS. SO BECAUSE THIS I HAVE STARTED A PERSONAL SELF DEFENSE TO STOP ANY RETALIATION UP TOWARDS MYSELF, UNTILL IT CAME TO A POINT WHEN, THE HARASSMENT WAS GETTING OUT OF HAND - IN - A THREAT TO EITHER MY LIFE, LIBERTY OR LEGAL ACCESS AT WHICH TIME I HAD MY CONCERNS OUT TO THE DEPT. COUNSEL VIA MY PERSONAL COUNSEL. BEFORE FILING THIS 2ND PAGE GRIEVANCE (PLEASE CONTINUE NEXT PAGE) ->

## B. Actions taken and staff you have contacted before submitting this grievance:

SPOKE TO THE FOLLOWING CHAIRMAN OF PEOPLE TO ABOUT THE PROBLEM OF SUNDAL & OTHER RETALIATORY OF (2ND SHIFT SGT. SUPERVISOR AS STATED WITHIN) (TALK TO OFC. KOWASKI.) (TALKED TO MY SHIFT 27 DEC 99 SGT.) (TALKED TO MEALTIME WHITESHIRTS (ATTEND) ALL INCIDENTS, NO ACTION TO RECTIFY THIS SITUATION FILED GRIEVANCE (1ST STEP)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA  
State Correctional Institution  
at Frackville, PA. 17931

SUBJECT: Return of Official Inmate Grievance

TO:

MASER BE4713 AA22

FROM:

James R. Forr

Corrections Superintendent's Assistant

Need All Form

This Official Inmate Grievance is being returned to you because you have not complied with the following requirement(s) of DC-ADM-804, Consolidated Inmate Grievance Review System:

Section V. Form - Grievances and Appeals

- (4) A. All grievances and appeals shall be in writing and in the format supplied by the institution.  
( ) Requirement of instruction number three (3) has not been met.
- ( ) B. All grievances and appeals shall be presented individually.  
Group grievances and appeals are prohibited.
- ( ) C. Only an inmate who has been personally affected by a Department or Institution action or policy shall be permitted to seek review or appeal. The inmate grievant must sign the grievance or appeal.
- ( ) D. All grievances and appeals must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner.
- ( ) E. Grievances and appeals based on different events should be presented separately unless necessary to combine the issues to support the claim.

Section VII. Initial Review

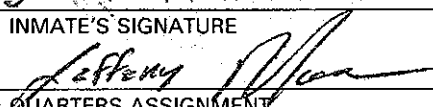
- B. Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following:
  - ( ) 1. Incoming Publications, DC-ADM-814.
  - ( ) 2. Institution Disciplinary and Restricted Housing Procedure, DC-ADM-801. Initial Review decision includes the decision of the Hearing Examiner and PRC.
  - ( ) 4. Policy and Procedures for obtaining Pre-Release Transfer, DC-ADM-805.
  - ( ) 5. Other kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.
- D. Procedures:
  - ( ) Unless otherwise specified (VII.B. of this directive) Initial Reviews must be submitted fifteen (15) calendar days after the events upon which the claims are based.

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

PLEASE ASSIGN No. 2

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 

TO: GRIEVANCE COORDINATOR	INSTITUTION <b>S. L. F. FRACKVILLE</b>	DATE <b>12-23-99</b>
FROM: (Commitment Name & Number) <b>MOSEK BE4713</b>	INMATE'S SIGNATURE 	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <b>A-A-22</b>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I KNOW IT IS MR. FERRER'S INTENTION TO UNLAWFULLY STOP THE GRIEVANCE PROCESS, BY NOT ASSIGNING A GRIEVANCE No. TO VALID GRIEVANCE (LIFE THREATENING) HIDING BEHIND POLICY, STATING THAT HE WANTS THE ORIGINAL OF COPIES OF ALL REQUEST SLIPS, I.E. PAPERWORK. NOW TO ADDRESS THIS ACTION MR. FERRER HAS SAID PAPERWORK AND MORE ACCESS TO SAID RECORDS & FILES. THEN INMATE. HIS POLICY (INDIFFERENCE) IS SUCH THAT IF YOUR "INDIGENT" AS (I AM) YOU CAN NOT AFFORD COPIES AND IF YOU ARE WISE YOU WILL NOT SEND YOUR "ONLY ORIGINALS" TO HIM TO BE MISSTAKENLY LOST, BUT RATHER TO YOUR LEGAL COUNSEL, AS I HAVE RECENTLY ACCESSED. SO I VIEW THIS AVOIDANCE & DELIBERATE INDIFFERENCE, TO SAY THAT IF YOUR "INDIGENT" YOU CAN'T POSSIBLY FILE A GRIEVANCE THROUGH MR. FERRER. AND EXPECT TO GET A GRIEVANCE No. OR RESULTS, EVEN IN LIFE THREATENING MEDICAL SITUATION. "THERE ONLY CRIMINALS."

## B. Actions taken and staff you have contacted before submitting this grievance:

SEND COPIES TO A.C.L.U. & ATTORNEY & CAMP HILL - THROUGH ORIGINALS AND COUNSEL. (3<sup>RD</sup> TIME I ADDRESS INDIFFERENCE IN PROCESS TO MR. FERRER.) \* REQUEST PERSONAL INTERVIEW.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date



DC-135A (certification of mailing) E. J. E. Moser  
 Put this in the box of 29 DEC 99  
 wit By: *[Signature]*

LEGAL NOTICE / Appeal

INMATE'S REQUEST TO STAFF MEMBER

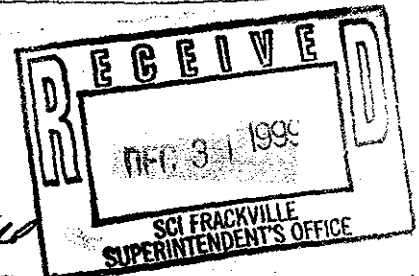
COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Superintendent Chesney</i>		2. DATE <i>29 DEC 99</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>MOSEK BE4713</i>		4. COUNSELOR'S NAME
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT <i>A - A - 22</i>	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. <p><i>Sir, PLEASE SEE ENCLOSED COPIES OF GRIEVANCES FILED, MR. FORN STATES OVER AND OVER (NEEDS ALL FORMS) I'VE BEEN THOUGHT THE INMATE HANDBOOK, AND CANNOT EXPLAIN THIS RESPONSE, YOU WILL BE! FURTHERMORE, ONE OF THE GRIEVANCE ADDRESSED MR. FORN AND HIS ACTIONS, WHICH HE SHOULD NOT HAVE ADDRESS HIMSELF BUT RATHER HIS SUPER. HE IS ABUSING THE GRIEVANCE SYSTEM AND EVEN REFUSED TO ASSIGN A GRIEVANCE NO. # TO ANY OF MY GRIEVANCE'S EVEN KNOW ONE IS A SERIOUS THREAT TO MY MEDICAL HEALTH, &amp; ANOTHER IS A THREAT IN RETALIATION TOWARD ME FROM STAFF. "SO I HAVE NO GRIEVANCE PROCESS AVAILABLE FOR ME," "REQUIRED BY LAW." NOTHING WILL BE ADDRESS THREW MISTER FORN, ANOTHER HOW SERIOUS! SO NOW, I'VE GONE TO THE COURT, &amp; WILL SHOW I HAVE NO ADMINISTRATIVE REMEDIES AND ASK FOR INJUNCTIVE RELIEF, AND TO THE D.D.L. COMM. I</i></p>		
8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) <p><i>Would welcome an interview and a review of this situation. SEC. BECAUSE THESE ACTIONS ARE UNLAWFUL, THEREFORE NOT TO STOP THE LITIGATION PROCESS. I would welcome a resolve to matters at this level. THANK YOU FOR YOUR TIME!</i></p>		

The reason your grievance forms are returned is because you do not send all 4 copies of the form. Without all 4, no action will be taken. Send all four forms. Mr. Forn will sign, date & assign a number & return your goldenrod copy - that is the procedure. Follow it & the system will work.



☐ TO DC-14 CAR ONLY

cc: Mr. Forn  
*[Signature]*

☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE  
*12/31/99*

DC-804

PART I

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA. 17001-0598

\*REQUEST PERSONAL INTERVIEW

\*PLEASE ASSIGN NO. THIS TIME.

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.  

TO: GRIEVANCE COORDINATOR

INSTITUTION

DATE

S.C.E. FRACKVILLE

23 DEC 99

FROM: (Commitment Name &amp; Number)

INMATE'S SIGNATURE

MOSEK BE4713

WORK ASSIGNMENT

QUARTERS ASSIGNMENT

A - A - 22

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I HAVE BEEN ON Mental Health, 3 ANX. MEDICATIONS SINCE THE 1980'S which ARE EVEN REFLECTED IN MY OLD 1989 TO 1992 D.O.C. Medical Records. IN THE FREEDOM I TAKE THE SAME MEDS, AND ATTEND COUNSELING. NOW DR. NEWTON HAS PUT ME OFF ALL TREATMENT, SAYING THAT I SHOULD HAVE "CONTINUED TO TAKE A MEDICATION & HAD ALLERGIC (ILL) REACTIONS TOO". THIS IS MEDICAL NEGLIGENCE, TO SAY THE LEAST & TAKE SOMETHING HARMFUL. AND BLATANT DELIBERATE INDIFFERENCE. SO BLATANT, IT SHOWS THE MEDICAL STAFF'S INTENTION, TOWARDS RETALIATION AGAINST ME. THIS ALL SEEMS TO COME OUT OF THE "UNWRITTEN (BUT WELL DOCUMENTED POLICY OF S.C.E. FRACKVILLE" TO DISCRIMINATE AGAINST TARGETED MEDICATIONS, EVEN AT THE COST OF HUMAN BEINGS (INMATES) LIVES. WHICH IS AN OBVIOUS VIOLATION OF THE D.O.C. POLICY. I DIDN'T GET LURED ON THE DRIVE IN CHARGE YOU DO NOT WANT TO BE PROFESSIONALLY, 3 PROPER, 3 AT ALL. 00

## B. Actions taken and staff you have contacted before submitting this grievance:

APPEARED AND ALL REFUSAL ARE YOURS TO TREAT. I AM PROFESSIONALLY, 3 PROPER, 3 AT ALL. 00  
I HAVE CONTACTED DR. NEWTON, DR. O'CONNOR, DR. NAWROTH, MEDICAL HEALTH NURSE, 3 BEFORE. 3 1ST EXHAUSTION (GRIEVANCE) 3 1ST, 3 2ND, 3 3RD, 3 4TH, 3 5TH, 3 6TH, 3 7TH, 3 8TH, 3 9TH, 3 10TH, 3 11TH, 3 12TH, 3 13TH, 3 14TH, 3 15TH, 3 16TH, 3 17TH, 3 18TH, 3 19TH, 3 20TH, 3 21TH, 3 22TH, 3 23TH, 3 24TH, 3 25TH, 3 26TH, 3 27TH, 3 28TH, 3 29TH, 3 30TH, 3 31TH, 3 32TH, 3 33TH, 3 34TH, 3 35TH, 3 36TH, 3 37TH, 3 38TH, 3 39TH, 3 40TH, 3 41TH, 3 42TH, 3 43TH, 3 44TH, 3 45TH, 3 46TH, 3 47TH, 3 48TH, 3 49TH, 3 50TH, 3 51TH, 3 52TH, 3 53TH, 3 54TH, 3 55TH, 3 56TH, 3 57TH, 3 58TH, 3 59TH, 3 60TH, 3 61TH, 3 62TH, 3 63TH, 3 64TH, 3 65TH, 3 66TH, 3 67TH, 3 68TH, 3 69TH, 3 70TH, 3 71TH, 3 72TH, 3 73TH, 3 74TH, 3 75TH, 3 76TH, 3 77TH, 3 78TH, 3 79TH, 3 80TH, 3 81TH, 3 82TH, 3 83TH, 3 84TH, 3 85TH, 3 86TH, 3 87TH, 3 88TH, 3 89TH, 3 90TH, 3 91TH, 3 92TH, 3 93TH, 3 94TH, 3 95TH, 3 96TH, 3 97TH, 3 98TH, 3 99TH, 3 100TH, 3 101TH, 3 102TH, 3 103TH, 3 104TH, 3 105TH, 3 106TH, 3 107TH, 3 108TH, 3 109TH, 3 110TH, 3 111TH, 3 112TH, 3 113TH, 3 114TH, 3 115TH, 3 116TH, 3 117TH, 3 118TH, 3 119TH, 3 120TH, 3 121TH, 3 122TH, 3 123TH, 3 124TH, 3 125TH, 3 126TH, 3 127TH, 3 128TH, 3 129TH, 3 130TH, 3 131TH, 3 132TH, 3 133TH, 3 134TH, 3 135TH, 3 136TH, 3 137TH, 3 138TH, 3 139TH, 3 140TH, 3 141TH, 3 142TH, 3 143TH, 3 144TH, 3 145TH, 3 146TH, 3 147TH, 3 148TH, 3 149TH, 3 150TH, 3 151TH, 3 152TH, 3 153TH, 3 154TH, 3 155TH, 3 156TH, 3 157TH, 3 158TH, 3 159TH, 3 160TH, 3 161TH, 3 162TH, 3 163TH, 3 164TH, 3 165TH, 3 166TH, 3 167TH, 3 168TH, 3 169TH, 3 170TH, 3 171TH, 3 172TH, 3 173TH, 3 174TH, 3 175TH, 3 176TH, 3 177TH, 3 178TH, 3 179TH, 3 180TH, 3 181TH, 3 182TH, 3 183TH, 3 184TH, 3 185TH, 3 186TH, 3 187TH, 3 188TH, 3 189TH, 3 190TH, 3 191TH, 3 192TH, 3 193TH, 3 194TH, 3 195TH, 3 196TH, 3 197TH, 3 198TH, 3 199TH, 3 200TH, 3 201TH, 3 202TH, 3 203TH, 3 204TH, 3 205TH, 3 206TH, 3 207TH, 3 208TH, 3 209TH, 3 210TH, 3 211TH, 3 212TH, 3 213TH, 3 214TH, 3 215TH, 3 216TH, 3 217TH, 3 218TH, 3 219TH, 3 220TH, 3 221TH, 3 222TH, 3 223TH, 3 224TH, 3 225TH, 3 226TH, 3 227TH, 3 228TH, 3 229TH, 3 230TH, 3 231TH, 3 232TH, 3 233TH, 3 234TH, 3 235TH, 3 236TH, 3 237TH, 3 238TH, 3 239TH, 3 240TH, 3 241TH, 3 242TH, 3 243TH, 3 244TH, 3 245TH, 3 246TH, 3 247TH, 3 248TH, 3 249TH, 3 250TH, 3 251TH, 3 252TH, 3 253TH, 3 254TH, 3 255TH, 3 256TH, 3 257TH, 3 258TH, 3 259TH, 3 260TH, 3 261TH, 3 262TH, 3 263TH, 3 264TH, 3 265TH, 3 266TH, 3 267TH, 3 268TH, 3 269TH, 3 270TH, 3 271TH, 3 272TH, 3 273TH, 3 274TH, 3 275TH, 3 276TH, 3 277TH, 3 278TH, 3 279TH, 3 280TH, 3 281TH, 3 282TH, 3 283TH, 3 284TH, 3 285TH, 3 286TH, 3 287TH, 3 288TH, 3 289TH, 3 290TH, 3 291TH, 3 292TH, 3 293TH, 3 294TH, 3 295TH, 3 296TH, 3 297TH, 3 298TH, 3 299TH, 3 300TH, 3 301TH, 3 302TH, 3 303TH, 3 304TH, 3 305TH, 3 306TH, 3 307TH, 3 308TH, 3 309TH, 3 310TH, 3 311TH, 3 312TH, 3 313TH, 3 314TH, 3 315TH, 3 316TH, 3 317TH, 3 318TH, 3 319TH, 3 320TH, 3 321TH, 3 322TH, 3 323TH, 3 324TH, 3 325TH, 3 326TH, 3 327TH, 3 328TH, 3 329TH, 3 330TH, 3 331TH, 3 332TH, 3 333TH, 3 334TH, 3 335TH, 3 336TH, 3 337TH, 3 338TH, 3 339TH, 3 340TH, 3 341TH, 3 342TH, 3 343TH, 3 344TH, 3 345TH, 3 346TH, 3 347TH, 3 348TH, 3 349TH, 3 350TH, 3 351TH, 3 352TH, 3 353TH, 3 354TH, 3 355TH, 3 356TH, 3 357TH, 3 358TH, 3 359TH, 3 360TH, 3 361TH, 3 362TH, 3 363TH, 3 364TH, 3 365TH, 3 366TH, 3 367TH, 3 368TH, 3 369TH, 3 370TH, 3 371TH, 3 372TH, 3 373TH, 3 374TH, 3 375TH, 3 376TH, 3 377TH, 3 378TH, 3 379TH, 3 380TH, 3 381TH, 3 382TH, 3 383TH, 3 384TH, 3 385TH, 3 386TH, 3 387TH, 3 388TH, 3 389TH, 3 390TH, 3 391TH, 3 392TH, 3 393TH, 3 394TH, 3 395TH, 3 396TH, 3 397TH, 3 398TH, 3 399TH, 3 400TH, 3 401TH, 3 402TH, 3 403TH, 3 404TH, 3 405TH, 3 406TH, 3 407TH, 3 408TH, 3 409TH, 3 410TH, 3 411TH, 3 412TH, 3 413TH, 3 414TH, 3 415TH, 3 416TH, 3 417TH, 3 418TH, 3 419TH, 3 420TH, 3 421TH, 3 422TH, 3 423TH, 3 424TH, 3 425TH, 3 426TH, 3 427TH, 3 428TH, 3 429TH, 3 430TH, 3 431TH, 3 432TH, 3 433TH, 3 434TH, 3 435TH, 3 436TH, 3 437TH, 3 438TH, 3 439TH, 3 440TH, 3 441TH, 3 442TH, 3 443TH, 3 444TH, 3 445TH, 3 446TH, 3 447TH, 3 448TH, 3 449TH, 3 450TH, 3 451TH, 3 452TH, 3 453TH, 3 454TH, 3 455TH, 3 456TH, 3 457TH, 3 458TH, 3 459TH, 3 460TH, 3 461TH, 3 462TH, 3 463TH, 3 464TH, 3 465TH, 3 466TH, 3 467TH, 3 468TH, 3 469TH, 3 470TH, 3 471TH, 3 472TH, 3 473TH, 3 474TH, 3 475TH, 3 476TH, 3 477TH, 3 478TH, 3 479TH, 3 480TH, 3 481TH, 3 482TH, 3 483TH, 3 484TH, 3 485TH, 3 486TH, 3 487TH, 3 488TH, 3 489TH, 3 490TH, 3 491TH, 3 492TH, 3 493TH, 3 494TH, 3 495TH, 3 496TH, 3 497TH, 3 498TH, 3 499TH, 3 500TH, 3 501TH, 3 502TH, 3 503TH, 3 504TH, 3 505TH, 3 506TH, 3 507TH, 3 508TH, 3 509TH, 3 510TH, 3 511TH, 3 512TH, 3 513TH, 3 514TH, 3 515TH, 3 516TH, 3 517TH, 3 518TH, 3 519TH, 3 520TH, 3 521TH, 3 522TH, 3 523TH, 3 524TH, 3 525TH, 3 526TH, 3 527TH, 3 528TH, 3 529TH, 3 530TH, 3 531TH, 3 532TH, 3 533TH, 3 534TH, 3 535TH, 3 536TH, 3 537TH, 3 538TH, 3 539TH, 3 540TH, 3 541TH, 3 542TH, 3 543TH, 3 544TH, 3 545TH, 3 546TH, 3 547TH, 3 548TH, 3 549TH, 3 550TH, 3 551TH, 3 552TH, 3 553TH, 3 554TH, 3 555TH, 3 556TH, 3 557TH, 3 558TH, 3 559TH, 3 560TH, 3 561TH, 3 562TH, 3 563TH, 3 564TH, 3 565TH, 3 566TH, 3 567TH, 3 568TH, 3 569TH, 3 570TH, 3 571TH, 3 572TH, 3 573TH, 3 574TH, 3 575TH, 3 576TH, 3 577TH, 3 578TH, 3 579TH, 3 580TH, 3 581TH, 3 582TH, 3 583TH, 3 584TH, 3 585TH, 3 586TH, 3 587TH, 3 588TH, 3 589TH, 3 590TH, 3 591TH, 3 592TH, 3 593TH, 3 594TH, 3 595TH, 3 596TH, 3 597TH, 3 598TH, 3 599TH, 3 600TH, 3 601TH, 3 602TH, 3 603TH, 3 604TH, 3 605TH, 3 606TH, 3 607TH, 3 608TH, 3 609TH, 3 610TH, 3 611TH, 3 612TH, 3 613TH, 3 614TH, 3 615TH, 3 616TH, 3 617TH, 3 618TH, 3 619TH, 3 620TH, 3 621TH, 3 622TH, 3 623TH, 3 624TH, 3 625TH, 3 626TH, 3 627TH, 3 628TH, 3 629TH, 3 630TH, 3 631TH, 3 632TH, 3 633TH, 3 634TH, 3 635TH, 3 636TH, 3 637TH, 3 638TH, 3 639TH, 3 640TH, 3 641TH, 3 642TH, 3 643TH, 3 644TH, 3 645TH, 3 646TH, 3 647TH, 3 648TH, 3 649TH, 3 650TH, 3 651TH, 3 652TH, 3 653TH, 3 654TH, 3 655TH, 3 656TH, 3 657TH, 3 658TH, 3 659TH, 3 660TH, 3 661TH, 3 662TH, 3 663TH, 3 664TH, 3 665TH, 3 666TH, 3 667TH, 3 668TH, 3 669TH, 3 670TH, 3 671TH, 3 672TH, 3 673TH, 3 674TH, 3 675TH, 3 676TH, 3 677TH, 3 678TH, 3 679TH, 3 680TH, 3 681TH, 3 682TH, 3 683TH, 3 684TH, 3 685TH, 3 686TH, 3 687TH, 3 688TH, 3 689TH, 3 690TH, 3 691TH, 3 692TH, 3 693TH, 3 694TH, 3 695TH, 3 696TH, 3 697TH, 3 698TH, 3 699TH, 3 700TH, 3 701TH, 3 702TH, 3 703TH, 3 704TH, 3 705TH, 3 706TH, 3 707TH, 3 708TH, 3 709TH, 3 710TH, 3 711TH, 3 712TH, 3 713TH, 3 714TH, 3 715TH, 3 716TH, 3 717TH, 3 718TH, 3 719TH, 3 720TH, 3 721TH, 3 722TH, 3 723TH, 3 724TH, 3 725TH, 3 726TH, 3 727TH, 3 728TH, 3 729TH, 3 730TH, 3 731TH, 3 732TH, 3 733TH, 3 734TH, 3 735TH, 3 736TH, 3 737TH, 3 738TH, 3 739TH, 3 740TH, 3 741TH, 3 742TH, 3 743TH, 3 744TH, 3 745TH, 3 746TH, 3 747TH, 3 748TH, 3 749TH, 3 750TH, 3 751TH, 3 752TH, 3 753TH, 3 754TH, 3 755TH, 3 756TH, 3 757TH, 3 758TH, 3 759TH, 3 760TH, 3 761TH, 3 762TH, 3 763TH, 3 764TH, 3 765TH, 3 766TH, 3 767TH, 3 768TH, 3 769TH, 3 770TH, 3 771TH, 3 772TH, 3 773TH, 3 774TH, 3 775TH, 3 776TH, 3 777TH, 3 778TH, 3 779TH, 3 780TH, 3 781TH, 3 782TH, 3 783TH, 3 784TH, 3 785TH, 3 786TH, 3 787TH, 3 788TH, 3 789TH, 3 790TH, 3 791TH, 3 792TH, 3 793TH, 3 794TH, 3 795TH, 3 796TH, 3 797TH, 3 798TH, 3 799TH, 3 800TH, 3 801TH, 3 802TH, 3 803TH, 3 804TH, 3 805TH, 3 806TH, 3 807TH, 3 808TH, 3 809TH, 3 810TH, 3 811TH, 3 812TH, 3 813TH, 3 814TH, 3 815TH, 3 816TH, 3 817TH, 3 818TH, 3 819TH, 3 820TH, 3 821TH, 3 822TH, 3 823TH, 3 824TH, 3 825TH, 3 826TH, 3 827TH, 3 828TH, 3 829TH, 3 830TH, 3 831TH, 3 832TH, 3 833TH, 3 834TH, 3 835TH, 3 836TH, 3 837TH, 3 838TH, 3 839TH, 3 840TH, 3 841TH, 3 842TH, 3 843TH, 3 844TH, 3 845TH, 3 846TH, 3 847TH, 3 848TH, 3 849TH, 3 850TH, 3 851TH, 3 852TH, 3 853TH, 3 854TH, 3 855TH, 3 856TH, 3 857TH, 3 858TH, 3 859TH, 3 860TH, 3 861TH, 3 862TH, 3 863TH, 3 864TH, 3 865TH, 3 866TH, 3 867TH, 3 868TH, 3 869TH, 3 870TH, 3 871TH, 3 872TH, 3 873TH, 3 874TH, 3 875TH, 3 876TH, 3 877TH, 3 878TH, 3 879TH, 3 880TH, 3 881TH, 3 882TH, 3 883TH, 3 884TH, 3 885TH, 3 886TH, 3 887TH, 3 888TH, 3 889TH, 3 890TH, 3 891TH, 3 892TH, 3 893TH, 3 894TH, 3 895TH, 3 896TH, 3 897TH, 3 898TH, 3 899TH, 3 900TH, 3 901TH, 3 902TH, 3 903TH, 3 904TH, 3 905TH, 3 906TH, 3 907TH, 3 908TH, 3 909TH, 3 910TH, 3 911TH, 3 912TH, 3 913TH, 3 914TH, 3 915TH, 3 916TH, 3 917TH, 3 918TH, 3 919TH, 3 920TH, 3 921TH, 3 922TH, 3 923TH, 3 924TH, 3 925TH, 3 926TH, 3 927TH, 3 928TH, 3 929TH, 3 930TH, 3 931TH, 3 932TH, 3 933TH, 3 934TH, 3 935TH, 3 936TH, 3 937TH, 3 938TH, 3 939TH, 3 940TH, 3 941TH, 3 942TH, 3 943TH, 3 944TH, 3 945TH, 3 946TH, 3 947TH, 3 948TH, 3 949TH, 3 950TH, 3 951TH, 3 952TH, 3 953TH, 3 954TH, 3 955TH, 3 956TH, 3 957TH, 3 958TH, 3 959TH, 3 960TH, 3 961TH, 3 962TH, 3 963TH, 3 964TH, 3 965TH, 3 966TH, 3 967TH, 3 968TH, 3 969TH, 3 970TH, 3 971TH, 3 972TH, 3 973TH, 3 974TH, 3 975TH, 3 976TH, 3 977TH, 3 978TH, 3 979TH, 3 980TH, 3 981TH, 3 982TH, 3 983TH, 3 984TH, 3 985TH, 3 986TH, 3 987TH, 3 988TH, 3 989TH, 3 990TH, 3 991TH, 3 992TH, 3 993TH, 3 994TH, 3 995TH, 3 996TH, 3 997TH, 3 998TH, 3 999TH, 3 1000TH, 3 1001TH, 3 1002TH, 3 1003TH, 3 1004TH, 3 1005TH, 3 1006TH, 3 1007TH, 3 1008TH, 3 1009TH, 3 1010TH, 3 1011TH, 3 1012TH, 3 1013TH, 3 1014TH, 3 1015TH, 3 1016TH, 3 1017TH, 3 1018TH, 3 1019TH, 3 1020TH, 3 1021TH, 3 1022TH, 3 1023TH, 3 1024TH, 3 1025TH, 3 1026TH, 3 1027TH, 3 1028TH, 3 1029TH, 3 1030TH, 3 1031TH, 3 1032TH, 3 1033TH, 3 1034TH, 3 1035TH, 3 1036TH, 3 1037TH, 3 1038TH, 3 1039TH, 3 1040TH, 3 1041TH, 3 1042TH, 3 1043TH, 3 1044TH, 3 1045TH, 3 1046TH, 3 1047TH, 3 1048TH, 3 1049TH, 3 1050TH, 3 1051TH, 3 1052TH, 3 1053TH, 3 1054TH, 3 1055TH, 3 1056TH, 3 1057TH, 3 1058TH, 3 1059TH, 3 1060TH, 3 1061TH, 3 1062TH, 3 1063TH, 3 1064TH, 3 1065TH, 3 1066TH, 3 1067TH, 3 1068TH, 3 1069TH, 3 1070TH, 3 1071TH, 3 1072TH, 3 1073TH, 3 1074TH, 3 1075TH, 3 1076TH, 3 1077TH, 3 1078TH, 3 1079TH, 3 1080TH, 3 1081TH, 3 1082TH, 3 1083TH, 3 1084TH, 3 1085TH, 3 1086TH, 3 1087TH, 3 1088TH, 3 1089TH, 3 1090TH, 3 1091TH, 3 1092TH, 3 1093TH, 3 1094TH, 3 1095TH, 3 1096TH, 3 1097TH, 3 1098TH, 3 1099TH, 3 1100TH, 3 1101TH, 3 1102TH, 3 1103TH, 3 1104TH, 3 1105TH, 3 1106TH, 3 1107TH, 3 1108TH, 3 1109TH, 3 1110TH, 3 1111TH, 3 1112TH, 3 1113TH, 3 1114TH, 3 1115TH, 3 1116TH, 3 1117TH, 3 1118TH, 3 1119TH, 3 1120TH, 3 1121TH, 3 1122TH, 3 1123TH, 3 1124TH, 3 1125TH, 3 1126TH, 3 1127TH, 3 1128TH, 3 1129TH, 3 1130TH, 3 1131TH, 3 1132TH, 3 1133TH, 3 1134TH, 3 1135TH, 3 1136TH, 3 1137TH, 3 1138TH, 3 1139TH, 3 1140TH, 3 1141TH, 3 1142TH, 3 1143TH, 3 1144TH, 3 1145TH, 3 1146TH, 3 1147TH, 3 1148TH, 3 1149TH, 3 1150TH, 3 1151TH, 3 1152TH, 3 1153TH, 3 1154TH, 3 1155TH, 3 1156TH, 3 1157TH, 3 1158TH, 3 1159TH, 3 1160TH, 3 1161TH, 3 1162TH, 3 1163TH, 3 1164TH, 3 1165TH, 3 1166TH, 3 1167TH, 3 1168TH, 3 1169TH, 3 1170TH, 3 1171TH, 3 1172TH, 3 1173TH, 3 1174TH, 3 1175TH, 3 1176TH, 3 1177TH, 3 1178TH, 3 1179TH, 3 1180TH, 3 1181TH, 3 1182TH, 3 1183TH, 3 1184TH, 3 1185TH, 3 1186TH, 3 1187TH, 3 1188TH, 3 1189TH, 3 1190TH, 3 1191TH, 3 1192TH, 3 1193TH, 3 1194TH, 3 1195TH, 3 1196TH, 3 1197TH, 3 1198TH, 3 1199TH, 3 1200TH, 3 1201TH, 3 1202TH, 3 1203TH, 3 1204TH, 3 1205TH, 3 1206TH, 3 1207TH, 3 1208TH, 3 1209TH, 3 1210TH, 3 1211TH, 3 1212TH, 3 1213TH, 3 1214TH, 3 1215TH, 3 1216TH, 3 1217TH, 3 1218TH, 3 1219TH, 3 1220TH, 3 1221TH, 3 1222TH, 3 1223TH, 3 1224TH, 3 1225TH, 3 1226TH, 3 1227TH, 3 1228TH, 3 1229TH, 3 1230TH, 3 1231TH, 3 1232TH, 3 1233TH, 3 1234TH, 3 1235TH, 3 1236TH, 3 1237TH, 3 1238TH, 3 1239TH, 3 1240TH, 3 1241TH, 3 1242TH, 3 1243TH, 3 1244TH, 3 1245TH, 3 1246TH, 3 1247TH, 3 1248TH, 3 1249TH, 3 1250TH, 3 1251TH, 3 1252TH, 3 1253TH, 3 1254TH, 3 1255TH, 3 1256TH, 3 1257TH, 3 1258TH, 3 1259TH, 3 1260TH, 3 1261TH, 3 1262TH, 3 1263TH, 3 1264TH, 3 1265TH, 3 1266TH, 3 1267TH, 3 1268TH, 3 1269TH, 3 1270TH, 3 1271TH, 3 1272TH, 3 1273TH, 3 1274TH, 3 1275TH, 3 1276TH, 3 1277TH, 3 1278TH, 3 1279TH, 3 1280TH, 3 1281TH, 3 1282TH, 3 1283TH, 3 1284TH, 3 1285TH, 3 1286TH, 3 1287TH, 3 1288TH, 3 1289TH, 3 1290TH, 3 1291TH, 3 1292TH, 3 1293TH, 3 1294TH, 3 1295TH, 3 1296TH, 3 1297TH, 3 1298TH, 3 1299TH, 3 1300TH, 3 1301TH, 3 1302TH, 3 1303TH, 3 1304TH, 3 1305TH, 3 1306TH, 3 1307TH, 3 1308TH, 3 1309TH, 3 1310TH, 3 1311TH, 3 1312TH, 3 1313TH, 3 1314TH, 3 1315TH, 3 1316TH, 3 1317TH, 3 1318TH, 3 1319TH, 3 1320TH, 3 1321TH, 3 1322TH, 3 1323TH, 3 1324TH, 3 1325TH, 3 1326TH, 3 1327TH, 3 1328TH, 3 1329TH, 3 1330TH, 3



DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 

TO: GRIEVANCE COORDINATOR	INSTITUTION <u>S. C. I. FRACKVILLE</u>	DATE <u>27 DEC 99</u>
FROM: (Commitment Name & Number) <u>Jeffrey Moser BE4713</u>	INMATE'S SIGNATURE <u>Jeffrey Moser</u>	
WORK ASSIGNMENT <u>N/A</u>	QUARTERS ASSIGNMENT <u>A-A-22</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

IN THE PAST MONTH I HAVE BEEN SUBJECT TO HARASSMENT BY MY BLOCK OFFICER (OFFICER SWENDEL) AND OTHER OFFICERS, WHEN I BROUGHT THIS TO THE 2ND SHIFT SGT. ATTENTION SWENDEL, I WAS TOLD "YOU DON'T WANT TO GET INTO A FISSING MATCH WITH THE OFFICER" ("BECAUSE WE WILL WIN") MEANING IF I FILED GRIEVANCE, I WOULD BE HARASSED MORE, RECEIVE RETALIATORY MISCONDUCTS ETC... WHICH IS DELIBERATE INDIFFERENCE AND UNLAWFUL ACTION BEING TAKEN AGAINST ME, FOR EXERCISING MY RIGHTS (CONST. / LITIGATIONAL) IN AN EFFORT TO DEPRIVE ME LEGAL ACCESS (TELEPHONE) (ARCADE) (ECHO...) AND ABUSE OF POWER AND GET EVEN ~~UNLAWFULLY~~ TACTICALLY. SO ~~BECAUSE~~ THIS I HAVE STARTED A PERSONAL LOG, I DECLINE TO STIR ANY RETALIATION UP TOWARDS MYSELF, UNTILL IT COMES TO A POINT WHERE, THE HARASSMENT WAS GETTING OUT OF HAND - IN A THREAT TO EITHER MY LIFE, LIBERTY OR LEGAL ACCESS AT WHICH TIME SEND MY CONCERNS OUT TO THE D.O.C. / COUNSEL VIA MY PERSONAL COUNSEL. BEFORE FILING THIS OFFICIAL GRIEVANCE (PLEASE CONTINUE NEXT PAGE) →

## B. Actions taken and staff you have contacted before submitting this grievance:

SPOKE TO THE FOLLOWING CHAIN OF PEOPLE TO ABOUT THE PROBLEM OFC. SWENDEL & OTHER RETALIATORY OFC. (2ND SHIFT SGT. SUPERVISOR AS STATED WITHIN) (TALK TO OFC. KOWASKI.) (TALKED TO DAY SHIFT 2ND SHIFT SGT.) (TALKED TO HEADQUARTERS WHITE SHIRTS (ATTN) ALL INCIDENTS, NO ACTION TO RECTIFY THIS SITUATION, FILED OFFICIAL GRIEVANCE (1st STEP)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator [Signature]Date [Signature]



DC-804

PART 1 OF 2

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.  

TO: GRIEVANCE COORDINATOR	INSTITUTION S.C.E. FRANKVILLE	DATE 27 Dec 99
FROM: (Commitment Name & Number) MOSEN BE4713	INMATE'S SIGNATURE Jeffery Paul MOSEN	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT 4-A-22	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

For my personal safety, AS THE LAST EMPLOYED THREAT MAY BEY TRUED! NOW TO DATE, (MRS. SWEDEL) (2nd shift) TOOK MY PHONE TIME FOR THIS WEEK IN FRONT OF WITNESS MY TIMES ARE (8AM MON, 8AM WED, 1:30PM SAT) THE 8AM CALL WAS RE-ARRANGED (EARLY ATTORNEY CONFERENCE CALL) PLANNED WEEKS AHEAD OF TIME, THIS MRS. SWEDEL KNEW MENTION OF, BECAUSE WHEN I GOT MY PHONE I MENTIONED WHY I NEED (2) 8AM MORNING CALLS. \*UPON REQUESTING MY CALL AT 8AM, I WAS TOLD THAT MRS. SWEDEL INDICATED I REFUSED ALL MY CALLS (3\*) OF THEM THIS WEEK, THIS WAS A LIE AND A BLATANT ACT OF INDIFFERENCE TOWARDS, SO MUCH, HE MUST OF RE-WROTE THE PHONE LOG, BECAUSE MY WITNESS & MYSELF SAW HIM RECORD MY PHONE TIMES. IT'S BEEN INDICATED THAT HE WILL BE A CHANCE LAUGH, HE WILL GO TO ANY LENGTHS TO HARASS ME! HIS ACTION CUT OFF ALL MY LEGAL ACCESS THIS WEEK. \*NOW AS OF FILING THIS GRIEVANCE, I SUPPOSE I AM GOING TO SUFFER EXTREME HARASSMENT, UNFORTUNATELY, BUT I WILL NOT LET

B. Actions taken and staff you have contacted before submitting this grievance. Violation of my rights, TO DEFEND ME FROM HARASSMENT. Please Review the situation and make written record of all actions. YOU ARE MADE AWARE GOD BLESS

NOTE: MRS. SWEDEL & FEEL HAS DONE SOMETHING ELSE TO ME, BUT IT IS TOO PERSONAL IN NATURE I FEEL TO ADDRESS MR. S.C.E.F. / SO I WILL ASK FOR AN INTERNAL REVIEW FROM THE COMMISSIONER'S OFFICE, TO LIMIT THE LEVELS OF RETALIATION TOWARDS ME (FOR TALKING)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA  
State Correctional Institution  
at Frackville, PA. 17931

**SUBJECT:** Return of Official Inmate Grievance

**TO:** Mosser BE4713 AA22

**FROM:** James R. Forr  
Corrections Superintendent's Assistant

12-22-98

Rec'd all forms

This Official Inmate Grievance is being returned to you because you have not complied with the following requirement(s) of DC-ADM-804, Consolidated Inmate Grievance Review System:

Section V. Form - Grievances and Appeals

- (-) A. All grievances and appeals shall be in writing and in the format supplied by the institution .  
( ) Requirement of instruction number three (3) has not been met.
- ( ) B. All grievances and appeals shall be presented individually.  
Group grievances and appeals are prohibited.
- ( ) C. Only an inmate who has been personally affected by a Department or Institution action or policy shall be permitted to seek review or appeal. The inmate grievant must sign the grievance or appeal.
- ( ) D. All grievances and appeals must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner.
- ( ) E. Grievances and appeals based on different events should be presented separately unless it is necessary to combine the issues to support the claim.

Section VII. Initial Review

- B. Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following:
  - ( ) 1. Incoming Publications, DC-ADM-814.
  - ( ) 2. Institution Disciplinary and Restricted Housing Procedure, DC-ADM-801. Initial Review decision includes the decision of the Hearing Examiner and PRC.
  - ( ) 4. Policy and Procedures for obtaining Pre-Release Transfer, DC-ADM-805.
  - ( ) 5. Other kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.
- D. Procedures:
  - ( ) Unless otherwise specified (VII.B. of this directive) Initial Reviews must be submitted within fifteen (15) calendar days after the events upon which the claims are based.

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

# PLEASE ASSIGN NO. THIS TIME.

## OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.  

TO: GRIEVANCE COORDINATOR	INSTITUTION S.L.E. FRACKVILLE	DATE 23 DEC 99
FROM: (Commitment Name & Number) MOSER AE 4713	INMATE'S SIGNATURE <i>[Signature]</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT A - A - 22	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I have been on Mental Health, 3 anx. med. calines since the 1980's which are even reflected in my older 1989 to 1992 D.O.C. Medical Records. In the Foreword I take the same medz, and attend counseling. Now Dr. Newton has let me off ALL treatment, saying that I should have "continued to take a medication I had allergic (all) reactions too". This is Medical Neglect, to suggest I take something harmful. And Blatant Deliberate indifference. So Blatant, it shows the medical staff's intentions, towards retaliation against me. This all seems to come out of the "unwritten (but) well documented Policy of S.L.E. Frackville" to Discriminate Against Transsexuals, Even at the cost of Human Beings (transsexuals) lives which is an 8th and 14th violation. I did not get word on the drive.

## B. Actions taken and staff you have contacted before submitting this grievance:

(Here and all Refusals are yours to treat, I am professionally, 3 papers, 3 at all) =

speak too Dr. Newton, Dr. O'Connor, Dr. Nawroth, medical Health Nurses, - before 75r Explain your Grievance - Please Review, 3 Take Action

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date



DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 

TO: GRIEVANCE COORDINATOR	INSTITUTION <i>S. L. E. FRACKVILLE</i>	DATE <i>12-23-99</i>
FROM: (Commitment Name & Number) <i>MOSEK BE4713</i>	INMATE'S SIGNATURE <i>[Signature]</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <i>A-A-22</i>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

*I know it is my fear intention to voluntarily tell the grievance process, but not assigning a grievance No. to valid grievance (life threatening) hiding behind policy, stating that he wants the original of copies of all request slips, i.e. paperwork. Now to address this when Mr. Ford has said paperwork and more access to said records & files. This inmate. His policy (indifference) is such that if you "indignant" as (I am) you can not afford copies and if you are wise you will not send your "only originals" to him to be mistakenly lost, but rather to your legal counsel, as I have recently accessed. So I view this avoidance & deliberate indifference, to say that if you "indignant" you can't possibly file a grievance through Mr. Ford. And expect to get a grievance No. or results, even in life threatening medical situation. "There only, criminals."*

## B. Actions taken and staff you have contacted before submitting this grievance:

*Sent copies to A.C.C.D. & attorney & Campbell - through originals and counsel. (3rd time I address indifference to process to Mr. Ford.) \* Request personal interview.*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

Dated 3<sup>rd</sup> Submission Witnessed

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.  

TO: GRIEVANCE COORDINATOR	INSTITUTION S. L. E. FRANKVILLE	DATE 21 DEC 99
FROM: (Commitment Name & Number) JEFFERY MOSER BE4713	INMATE'S SIGNATURE JEFFERY PAUL MOSER	
WORK ASSIGNMENT NONE	QUARTERS ASSIGNMENT A-A-22	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

A Blood Test was taken from me, months ago, it came back (REACTIVE) (POSITIVE) FOR H.V.L. (HEPATITIS C.) THIS IS A TERMINAL ILLNESS, I WAS NEVER INFORMED I HAD THIS ILLNESS, UNTILL I SAW THE REPORT PERSONALLY IN REVIEW OF MY FILE. DR. O'CONNOR ADMITTED HE KNEW, BUT ASSUMED I KNEW. HOW WOULD I KNOW? IF YOUR STAFF DOESN'T FOLLOW THE LAW AND INFORM ME. NOW I AM TOLD I WILL GET NO MORE PREVENTIVE TREATMENT EXCEPT A BLOOD TEST EVERY 6 MONTHS (LIVER COUNT) THIS IS NOTHING MORE THAN A PRESCRIPTION OF DEATH FOR ME, LEGAL MURDER, BUT IS IT LEGAL? THERE ARE EFFECTIVE TREATMENT, (THOUGH SOME COSTLY) TO TREAT (H.V.L) PLUS BT-WEEKLY AND FOR MONTHLY BLOOD MONITORING, THAT GIVES A PERSON ~~THE~~ LIFE WITH A CHANCE, I POSSIBLY HAVE CANCER TOO. DR. O'CONNOR MEDICAL DIRECTIVES ARE CERTAIN DEATH, AND I DEMAND IMMEDIATE TREATMENT BE INDUCTED, .. I HAVE INFORMED

## B. Actions taken and staff you have contacted before submitting this grievance:

1) sent instruction to the press. in 7 } my family, to go to every press (news) agency available in life or death H's actual and D.O.C. will be known, THANK YOU.  
2) I am seeking private counsel for myself & family. 3) wrote Dr. O'connor.  
4) tried to speak to Dr. O'connor, 5) wrote ms. Newport. Please return 6) no. # times

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 

TO: GRIEVANCE COORDINATOR	INSTITUTION S. L. E. FRANKVILLE	DATE 21 DEC 99
FROM: (Commitment Name & Number) JEFFERY MOSER RE4713	INMATE'S SIGNATURE JEFFERY PAUL MOSER	
WORK ASSIGNMENT NONE	QUARTERS ASSIGNMENT A-A-22	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

A Blood Test was taken from me, months ago, it came back (REACTIVE) (Positive) for H.V.L. (Hepatitis C) THIS IS A TERMINAL ILLNESS, I WAS NEVER INFORMED I HAD THIS ILLNESS, UNTILL I SAW THE REPORT PERSONALLY IN REVIEW OF MY FILE. DR. O'CONNOR ADMITTED HE KNEW, BUT ASSUMED I KNEW. HOW WOULD I KNOW? IF YOUR STAFF DOESN'T FOLLOW THE LAW AND INFORM ME. NOW I AM TOLD I WILL GET NO MORE PREVENTIVE TREATMENT EXCEPT A BLOOD TEST EVERY 6 MONTHS (Liver Count) THIS IS NOTHING MORE THAN A PRESCRIPTION OF DEATH FOR ME, LEGAL MURDER, BUT IS IT LEGAL? THERE ARE EFFECTIVE TREATMENT (THAT) SOME COSTLY TO TREAT (H.V.L) PLUS BE-WEEKLY AND FOR MONTHLY BLOOD MONITORING, THAT GIVES A PERSON ~~THE~~ LIFE WITH A CHANCE, I POSSIBLY HAVE CANCER TOO. DR. O'CONNOR MEDICAL DIRECTIONS ARE CERTAIN DEATH, AND I DEMAND IMMEDIATE TREATMENT BE INDULGED, .. I HAVE INFORMED

## B. Actions taken and staff you have contacted before submitting this grievance:

I sent instruction to the press. IN? my family, to go to every press (news) agency available in life or death the national and D.O.C. will be known, thank you.  
 1) I am seeking private counsel for myself & family. 2) wrote Dr. O'connor. 3) wrote ms. Newirth. Please return 6/NO # trash. 4) TRIED TO SPEAK TO DR. O'CONNOR, 5) wrote ms. Newirth. Please return 6/NO # trash.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date



DC-804

Part II

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P. O. BOX 598  
Camp Hill, PA 17011

OFFICIAL INMATE GRIEVANCE  
INITIAL REVIEW RESPONSE

GRIEVANCE NO. FRA-0028-00

TO: (Name & DC#)	INSTITUTION:	QUARTERS:	GRIEVANCE DATE:
Jeffery Moser BE-4713	SCI-Frackville	A-A22	01-25-00

The following is a summary of my findings regarding your grievance:

Physicians - not administrators - determine what medications are appropriate for each inmate. There are policy guidelines, as I've told you before, but nothing prevents any DOC physician from ordering any medication he deems necessary. All DOC physicians are aware of this. None of them have ordered what you want.

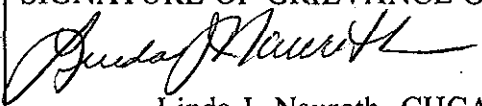
I read your chart from your infirmary stay at SCI Mahanoy. I see nothing about additional injury to your back. In fact, the notes indicate that you were up and walking well very quickly.

You've mentioned "lock up" and "ad seg" several times in your grievance and I have no idea what you're talking about. You're the only one who's talking about it. Are you planning on committing a misconduct?

CC:

DC-15

File

Refer to DC-ADM 804, Section VIII, for instructions on Grievance System Appeal Procedures	SIGNATURE OF GRIEVANCE OFFICER:  Linda J. Nauroth, CHCA	DATE:  01-27-00
---	---	-----------------------

PLEASE SEE ATTACHED NOTES 3

DC-804

PART 1

LAW.  
(BACK PAGE)

\* THIS DOCUMENT WAS SUBMITTED THROUGH THE LOPES. THANK YOU!

JEFFERY MOSER 1/25/2000

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

WIT: R. W. W.

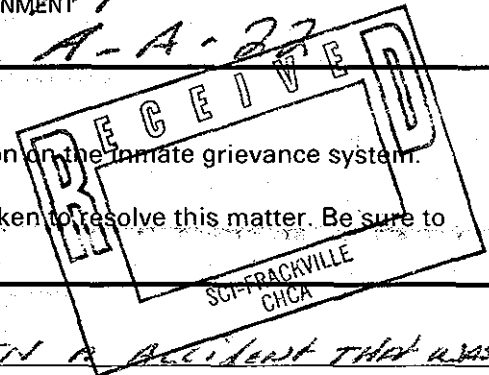
OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION S. C. I. FRACKVILLE	DATE 25 JAN. 2000
FROM: (Commitment Name & Number) JEFFERY MOSER BE4713	INMATE'S SIGNATURE JEFFERY MOSER	
WORK ASSIGNMENT NONE.	QUARTERS ASSIGNMENT A-A-22	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.



## A. Brief, clear statement of grievance:

ON THE 20TH OF JAN. 2000, I WAS INVOLVED IN A ACCIDENT THAT WAS CLEARLY AVOIDABLE AND A PRODUCT OF MEDICAL NEGLECT AND BIAS TREATMENT ON THE PART OF DR. O'CONNOR, I HAVE NERVE DAMAGE IN MY BACK WHICH CAUSE LOSS OF FEELING DOWN THE LEFT LEG 3' FOOT WHICH MAKES IT NEAR IMPOSSIBLE FOR ME TO WALK OR KEEP MY BALANCE ON ICE, "WHICH WAS RECORDED IN MY MEDICAL FILE 3' DR. O'CONNOR WAS MADE AWARE OF SUCH DANGER FOR MYSELF." BUT REFUSED TO DO ANYTHING TO AVOID FURTHER INJURY TO MY BACK (OR) FOR THE SAFETY OF ME AS A MEDICAL PROFESSIONAL (?) NOW, I AM IN FACT INJURED ABUSE BY MY FALL MY PAIN HAS INCREASED 3' FEELING DECREASED AS A RESULT OF MY ACCIDENT. TO CONTINUE DR. O'CONNOR STILL HAS ME WALKING ON ICE DAILY. WHEN THERE IS ENCLOSED INST. (WESTERN, BRADFORD, HUNTINGTON, ETC) THAT WOULD

## B. Actions taken and staff you have contacted before submitting this grievance:

NOV. 1999 3' DEC. 1999 (PA. JOHN WAS 2 { SECURE MY SAFETY, SHALL WE WAIT TILL I FALL AGAIN, (POSSIBLE (LIMPED) BEFORE TAKING ACTION MADE AWARE OF MY DISABILITY 3' MADE ME AWARE OF DR. O'CONNOR REFUSAL TO ADDRESS. JAN. 2000, DR. BENWART 3' (DR.) AT S.C.I.M WERE CONSULTED ABOUT O'CONNOR'S MALPRACTICE. \* I ASK NOT TO BE LOCK DOWN IN RETALIATION FOR BEING A DISABLED PERSON \*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

PLEASE SEE ATTACHED

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

GRIEVANCE NO.

FRA-0028-00

TO: GRIEVANCE COORDINATOR

INSTITUTION

DATE

S.C.E. FRANKVILLE

25 Jan. 2000

FROM: (Commitment Name &amp; Number)

INMATE'S SIGNATURE

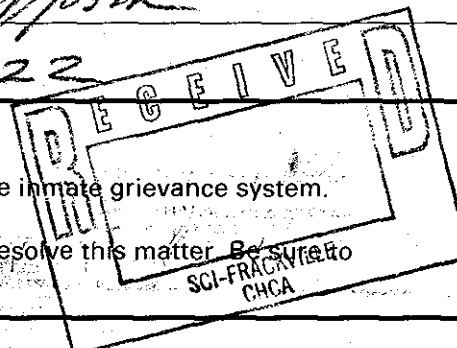
Jeffrey Mosek BE4713

Jeffrey Mosek

WORK ASSIGNMENT

QUARTERS ASSIGNMENT

A.A. 22



## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

ON THIS ACTION I ADDRESS ONE ISSUE, (Medication Discrimination) ON THE 20th Jan. 2000 I Had an accident due to "Medical Neglect" AS A RESULT I INJURED MY BACK WORSE AND INCREASED MY PAIN LEVELS, UPON SPEAKING TO (2) S.C.E. MONAHAN HOSPITAL DOCTORS I WAS TOLD I WOULD NOT BE PERMITTED STRONG PAIN MEDICATIONS AS PERCET ECT.. BECAUSE IT WAS THE ADMINISTRATIVE (NOT MEDICAL) POLICY AT S.C.E. FRANKVILLE 3 MONAHAN NOT TO GIVE THE PRISONER NOTHING STRONGER THE DORVACET, (REGARDLESS OF HIS INJURY) ADMIN. POLICY OVERRULES ANY INMATES MEDICAL NEEDS ALWAYS. THE DOCTORS AGREED I WAS IN NEED OF SUCH STRONGER MEDS, BECAUSE OF MY INJURY AND LACK (TOLERANCE TO DORVACET) ON PRESENT MEDS. THIS IS UNLAWFUL FOR THE ADMIN. TO DO, AND MEDICAL NEGLECT ON THE PART OF DR. PART.. SO I SUFFER CRUELLY (DELIBERATELY)

## B. Actions taken and staff you have contacted before submitting this grievance:

(PLEASE CORRECT).

(ADDRESS ISSUE TO S.C.E.F. (P.A. (S)) (DR. O'CONNOR) (MS. NAWROTH) (DR. BENSWART.) (MEDICAL DIR. S.C.E.M) ECT.. WILL REQUEST DEPOSITION WITH COUNSEL FROM ALL. THANK YOU.

NOTE: Medications WERE Permitted AT S.C.E. GRAFTSFORD - (NOT D.O.C. REMAND.)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date



(INMATE COPY RETURNED)

DC-135A

Copied / Dated / Witnessed / LEGAL

J. M. Mosek  
Red Seal

## INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

## INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MR. FORK

2. DATE

16 Jan. 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

JEFFERY MOSEK BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

REF: ATTACHED GRIEVANCE —

SER, you RETURNED THE ATTACHED GRIEVANCE WITHOUT AN ASSIGNED GRIEVANCE NOTE "REJECTED" BECAUSE IT DID NOT COMPLY WITH DC-ADM-804 (SEC V) (3), WITH THE WRITTEN MESSAGE "WHO DID YOU GO BACK TO NAMES" THIS MAKE NO SENSE TO ME SER, I'VE BEEN OVER THE HANDBOOK, THERE'S NO VIOLATIONS AND IT SHOULD BE PROCESSED IMMEDIATELY SO I'VE PROCESS CAN BE SERVED, WHAT DOES YOUR WRITTEN MESSAGE MEAN? WELL PLEASE GET BACK TO ME TIMELY SO I CAN CORRECT THE FILING AS YOU SEE FIT, I CAN RE-WRITE THE GRIEVANCE, AS IT IS AN ONGOING SITUATION, (HASN'T CHANGED) IF YOU WOULD LIKE SER, WHATEVER BEST FOR YOU SER, THANK YOU FOR YOUR TIME AND CONSIDERATION

\* I RESERVE THE RIGHT TO APPEAL ALL ACTIONS TAKEN (OR) NOT TAKEN.....

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

Submission Witnessed/

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.  

TO: GRIEVANCE COORDINATOR	INSTITUTION <b>S.C.I. Frackville</b>	DATE <b>8th jan 00</b>
FROM: (Commitment Name & Number) <b>Jeffery Moser BE4713</b>	INMATE'S SIGNATURE <i>Jeffery Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <b>A-A-22</b>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

*THE Health Violations in THE kitchen Brought to Light, THE WAY THE morning "milk" IS Dispensed IS UNHEALTHY, IT IS POURED into many cups, and sits out to collect Germ, Bacteria, Go Sour, With THE unfinished Bare Wood Ceiling, which ARE Super Germ Collectors which With 1000 Inmate Going Thru Daily, Adsorb Disease AND ~~Regulates~~ BACK IN TO THE MILK, TO CAUSE SEVER SICKNESS AND POSSIBLE Death, (T.B. Ect...) (Flu.) (Ect...) A MILK Dispenser Should BE IN PLACE, and THE Ceiling Should BE Finished Enclosed, and Cleaned, Dust AND GERMS ARE Just Collecting, With Limit Ventilation, I've Received Sour milk (3) Times, Now I HAVE AN Infection ILLNESS, IKN I Believe Stems From said Violation, and WAS Refused Treatment (Emergency) (on-going) FOR FAILURE TO PAY (sign cash-slip.), PLEASE Review. Intervene.*

## B. Actions taken and staff you have contacted before submitting this grievance:

*Spoke to Kitchen staff, Chain of Command, (wrote Health Dept.) will address issue to C.O. if Resolution is not Sought. (Attorney made aware to avoid Retaliation and for Document.)*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

Submission Witnessed/

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS WIT  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 1/5/00

TO: GRIEVANCE COORDINATOR	INSTITUTION <b>S.C.I. Frackville</b>	DATE <b>8th Jan 00</b>
FROM: (Commitment Name & Number) <b>Jeffery Moser BE4713</b>	INMATE'S SIGNATURE <i>Jeffery Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <b>A-A-22</b>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

*The Health Violations in the Kitchen Brought to Light, the way the morning "milk" is Dispensed is unhealth, it is poured into many cups, and sits out to collect Germ, Bacteria, Go Soup, with the unfinished Bare wood ceiling, which are Super Germ Collectors, which with 1000 Inmate going Thru Daily, Absorb Disease and Circulates Back in to the milk, to cause severe sickness and possible Death. (T.B. Etc...) (Flu.) (Etc...) A Milk Dispenser should be in place, and the ceiling should be finished enclosed, and cleaned, Dust and Germs are not collecting, with limit ventilation, I have received soon milk (3) times, now I have an infection illness, which I believe stems from said violation, and was refused treatment (emergency) (on-going) for failure to pay (sign cash-slip). Please Review. Intervention.*

## B. Actions taken and staff you have contacted before submitting this grievance:

*Spoke to Kitchen Staff Head of Command, (wrote Health Dept.) will address issue to CO. If Resolution is not found. (Attorney made aware to avoid Retaliation and for Document.)*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date



DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598(certification of mail) (encl.)  
- 29 DEC 99 - JEFF [Signature]  
wit by: [Signature]  
Inmate's requested / signed copy: [Signature]

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0001-00

TO: GRIEVANCE COORDINATOR	INSTITUTION S.C.E. FRANKVILLE	DATE 23 DEC 99
FROM: (Commitment Name & Number) MOSEK BE4713	INMATE'S SIGNATURE Jeff Mosek	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT A-A-22	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I HAVE BEEN ON MENTAL HEALTH & MENTAL MEDICATION SINCE THE 1980'S WHICH HAVE EVEN REFLECTED IN MY OTHER 1985 TO 1992 D.O.C. MEDICAL RECORDS & THE RECORDS I TOOK THE SAME MENTAL & MEDICAL TREATMENT AS ORDERED. \* NOW "DR. NEWTON" HAS CUT OFF "ALL" "MEDICATIONS" & TREATMENT, STATING THAT I SHOULD HAVE "CONTINUED TO TAKE A MEDICATION, (I HAD AN ALLERGIC REACTION TOO!) THIS IS A MEDICAL SUBJECT TO EVEN SUBJECT TO TAKE MEDICATION HARMFUL TO ME (OR) RECEIVE NO FURTHER MEDICATIONS (OR) TREATMENT. - "THIS ALL SEEM TO COME OUT OF AN UNWRITTEN BUT WELL DOCUMENTED POLICY OF S.C.E. FRANKVILLE TO DISCRIMINATE AND TARGET CERTAIN MEDICATIONS SUCH AS (ADONAL) (PROCT) ETC. THESE MEDS WILL NOT BE GIVEN OR CONTINUE TO BE GIVEN AFTER YOU ARE RELEASED AT S.C.E. FRANKVILLE REGARDLESS OF THE NEED FOR SUCH MEDS, SOUGHT BY DOCTOR BEFOREHAND FOR PATIENT. EVEN AT THE COST OF HUMAN RESPONSIBILITY OF LIFE! THIS ADMINISTRATIVE POLICY DICTATES MEDICAL TREATMENTS, UNLAWFULLY & I AM REFUSING "ANY" EFFECTIVE MENTAL HEALTH TREATMENT NOW, I DID NOT GET CURED ON THE DRUGS HERE. ALL REFUSAL AND YOURS TO TREAT ADMIN. REFUSED."

## B. Actions taken and staff you have contacted before submitting this grievance:

[CONTACTED WITH DR. NEWTON, DR. NEWBORN, MENTAL HEALTH NURSE, MR. SHERMAN, AND ATTEMPT TO FILE GRIEVANCE EFFECTIVELY.]  
\* HAVE COPY RETURNED - PERSONAL INTERVIEW REQUESTED - WITNESSED MAILING. -

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

COM. [REDACTED] LTH OF PENNSYLVANIA  
Department of Corrections  
State Correctional Institution at Frackville  
(570) 874-4516, Ext. 187  
March 30, 2000

**SUBJECT:** Request Dated 03-29-00

**TO:** BE-4713, Jeffrey Moser

**FROM:**

  
Linda J. Nauroth  
Health Care Administrator

My beliefs have nothing to do with your complaints. The PA DOC has a physician-generated protocol for Hepatitis C. It is my responsibility and Dr. O'Connor's to see that the protocol is followed.

You may copy the Superintendent if you like, but I have already done so. My facts are a part of your medical record.

I can make no sense of the sentence I highlighted.

LJN/sr

Enclosure

c: Superintendent Chesney  
File

(Legal / Copied / Witnessed)

DC-135A

LEGAL

## INMATE'S REQUEST TO STAFF MEMBER

## COMMONWEALTH OF PENNSYLVANIA

## DEPARTMENT OF CORRECTIONS

## INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Ms. Nauroth

Medical Administration

2. DATE

29 MAR. 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A - A - 22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Thank you for your written response to GRI/FRA-010200, I would ask you do you believe that people with Hep C. Don't have serious liver problem for 20 (or) 30 years,? Honestly, (or) is this another way to not treat me, (or) afford me a needed liver biopsy I am sending a copy of your documents, to the Superintendent and "CDC Atlanta" to see if they advise waiting 20 or 30 years before treating the terminal illness (read the studies it kills you believe that) ... I only have an depression problem (or) alleged addiction problem, when your trying to get out of an issue at hand. why is that? and I'm lifting weights, we know you are alleging this also, I've only been to the yard (4) time since I've been here, now that's a "fact" check it out. But maybe I shall start, as it was advised by my specialist, but it would not change my M.R.E. (or) surgeon reports would it. Please

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Check your facts and see to the truth before making unfound statements. I am asking all documents be permitted in court, including these ones, I will ask that you and Dr. O'Connor pay your own fees and damages and that they leave Dr. O'Connor estate because of his age. I would like to resolve these matter and get all stated treatment. Please let me know if that's possible... In your assistance - Thank you ...

See Response Dated 03-30-00. LJN

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER


DATE



COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections  
State Correctional Institution at Frackville  
(570) 874-4516, Ext. 187  
April 14, 2000

SUBJECT: Requests Dated 04-05-00 and 04-09-00

TO: BE-4713, Jeffrey Moser

FROM:   
Linda J. Nauroth  
Health Care Administrator

*Request to Linda Nauroth dated 04-05-00:*

I have no intentions of debating "legalese" with you. That's for the attorneys to do.

The quotation from the specialist that you wrote in red is, of course, accurate since you copied it from the chart. The next sentence, however, is your interpretation. MRI's do not show pain and no one ever said "the present pain meds can't possibly help this man".

Everything Dr. O'Connor has done and everything that I, as a representative of Superintendent Chesney and Deputy Smith, have done are a matter of record. The record "tells" everything there is to tell.

The refusal matter has been handled appropriately.

*Request to Mr. Forr:*

Mr. Forr has asked me to respond to your request slip to him since medication is outside of his realm of expertise. Medication is the sole responsibility of the physician. He is the only one licensed to write prescriptions, therefore no one else can "grant permission" to take prescription medication. As I've told you before, there is no "policy". The doctor orders the medication that he deems appropriate.

LJN/sr

c: Superintendent Chesney  
Mr. Forr  
File

(Copied-Dated-Witnessed)

Doc NO# 6018 (A)

DC-135A

\* LEGAL AFFIDAVIT \*

## INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

## INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MS. NAUROTH

"Medical Administrator"

2. DATE

5th April, 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEB BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A - A - 22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Ms. Nauroth, you may try to twist the law to fit your situations, where you display "deliberate indifference" but please refer to your inst. counsel before making legal judgments such as what is a "LEGAL Document" and what is NOT, let me show you what the law says it is a LEGAL Document, \* LOOK UP THE FOLLOWING FOR NEXT TIME, PLEASE, (28 U.S.C. § 1746) Besides that in all federal court proceedings, written statements are under the penalty of perjury "SWORN TO BE TRUE & CORRECT" are permissible in lieu of notarized affidavits. See *Estelle v. CIVIL LIB. E.D. 200, 330, 331 (S. Ct., 1970)* You can use this form to verify a Document \* So let me break it down, First you must identify the Document "LEGAL AFFIDAVIT" THEN you must sign a "SWORN TO BE TRUE & CORRECT" in the presence of (1) witness and DATE it. Now it is a LEGAL AND BINDING Document in "ANY COURT IN AMERICA" So your refusal to accept my "LEGAL AFFIDAVIT" - "medical refusal of 3rd Apr. 2000" → CONTINUE ON 2 of 2

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

See Response Dated 04-14-00: LJM

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

Doc No# 0018 (B)

DC-135A

\* LEGAL AFFIDAVIT \*

## INMATE'S REQUEST TO STAFF MEMBER

( 2 of 2 )

## COMMONWEALTH OF PENNSYLVANIA

## DEPARTMENT OF CORRECTIONS

## INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) MS. NAUROTH IN CARE OF Joseph W. CHESNEY (superintendent)		2. DATE 5 APR. 2000
3. BY: (INSTITUTIONAL NAME AND NUMBER) MOSE BE4713		4. COUNSELOR'S NAME
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT A - A - 22	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. IS JUST ONE MORE PROVABLE INCIDENT of your ABUSE of Power, "WHICHES TO INCLUDE DR. O'CONNOR ACTIONS and MR. CHESNEY" WHERE you BELIEVE your AUTHORITY IS MORE THEN THAT OF THE STATE AND FEDERAL LAWS, WHERE you WILL NOT BE HELD ACCOUNTABLE, you ARE MISGUIDED and I AM ASKING THE COURTS TO HOLD YOU INVOLVED "IN CONTEMPT" BEFORE WE PROCEED TO TRIAL, ISN'T IT TRUE, THAT you JUST DON'T WANT ALL THE FACTS OF THIS REFUSAL TO BE ADD INTO RECORD, SO I WILL sign your AFFIDAVIT IF you'll SIMPLY ATTACH my "LEGAL AFFIDAVIT" TO IT TO ASSURE THE TRUTH, IS TOLD, ALSO WHEN THE SUPERINTENDENTS OFFICE STAMPED THIS DOCUMENT "RECEIVED JCF-FRANKFURCK CHOC" IT BECAME A LEGAL DOCUMENT EVEN BY YOUR STANDARD? OF LAW! NEXT ISN'T IT TRUE "THAT THE SPECIALIST STATED "I AM ASKING AS YOU KNOW DON'T WANT THE PATIENT MAY HAVE HAD OTHER PROBLEMS IN THE PAST, BUT CERTAINLY THE MORE PROBABLY A WHITE STAFF HOD. WARD" ( I FEEL THE PATIENT SHOULD BE PLACED IN OXYGEN AND AROUND THE NECK WITH A NOOSE TO ME (L) UP MY TAIL) SO you TOLD REGARDLESS, THE MAE, SHOULD AM IN GREAT PAIN AND THE PRESENT PAT MEDS CAN'T POSSIBLE HELP THIS MAN, AND I AM TO BE ON THE OXYGENATED		
8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)		

SO YOU, MR. O'CONNOR and MR. CHESNEY, READ THE REPORT and ARE FULLY AWARE OF THE MONTHS OF PAIN you ARE MAKING ME ENDURE and ARE CONTINUING your acts of MALPRACTICE and DELIBERATE INDIFFERENCE, will you HONESTLY TELL THE JUDGES what you DID NOT KNOW, what you WERE DOING TO ME? I THINK NOT. PLEASE GRANT PROPER PAIN MANAGEMENT IMMEDIATELY, AND GET BACK TO ME TEMELY ABOUT THE "medical Refusal situation", I WANT TO BE OF ASSISTANCE.

SWORN TO BE TRUE 3 CORRECT

felt 4/5/00  
with  
Ronald W.  
4/6/2000

See Response Dated 04-14-00. LJN

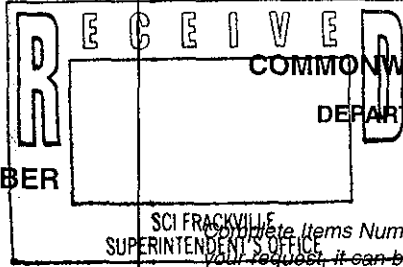
☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE



DC-135A



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

## INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Mr. Folsom (Assistant to Superintendent)</i>		2. DATE <i>14 APR 2000</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>INMATE-RE-473</i>		4. COUNSELOR'S NAME
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT <i>A-4-22</i>	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. <p><i>Question Mr. Folsom you and talk at Friday. I wanted to write you about the 4000 pills I have, the same amount, it is stated to the "maximum" to stop pain. I have been in other "houses" but none of them are effective. The Federal Prison and Maryland and Connecticut, but only in 1998, (1) 1 day, (2) 4 times a day, but we could not, (3) 3 times a day, but the doctor work before all the time. The pills are called "Percocet" and the maximum one that says "Lorazepam (100) Percocet" but one of these does not work as the Lorazepam I am passing, so it is really only effective for 30 minutes. If that, if you look in the book, Percocet is for "moderate pain" not severe as I have. (B) special report 3 (M.R.T.) that is about my condition and need of seven pain management all the time. The one for severe pain and the max. dose is (18) tabs per day, which is the down side of the Percocet is all the tylenol on my liver with Hep C. That's not treated, the excruciating pain. But for the time being, "less tylenol". Regardless they all effect the liver, so we can only try to do the damage with the best meds. I will waive your responsibility if given the Percocet (and Lorazepam).</i></p>		
8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)		

OVR

See Response Dated 04-14-00. LJN

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections  
State Correctional Institution at Frackville  
(570) 874-4516, Ext. 187  
April 4, 2000

**SUBJECT:** Requests to Superintendent Dated 03-31-00 & 04-03-00  
Request to Mrs. Nauroth Dated 04-03-00

**TO:** BE-4713, Jeffrey Moser

  
**FROM:** Linda J. Nauroth  
Health Care Administrator

Calling a piece of paper a legal document does not make it so. You will be asked to sign a DOC Refusal for Treatment form. If you refuse to sign it, that will be witnessed and recorded as is our policy. If you change your mind, notify us and we will re-evaluate the situation as it exists at that time.

As both Superintendent and I have told you, specialists do not write orders; they make recommendations. The primary care physician, not specialists or "rules" or "policies", make the decision on the appropriate medication to order.

LJN/sr

c: Superintendent Chesney  
File

DC-135A

LEGAL

## INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

## INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MS. LINDA NAUROTH (Medical Administrator)

2. DATE

3 APR. 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEY BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

PLEASE ENTER THE ATTACHED LEGAL DOCUMENT INTO MY MEDICAL RECORD... I'VE FORWARDED THE ORIGINAL TO THE SUPERINTENDENT WITH NOTES, PLEASE REFER TO HIS NOTES IF NEED BE.

\* PLEASE ~~RECORD~~ RESTRAIN YOURSELF FROM ANY ACTS OF DELIBERATE INDIFFERENCE TOWARDS ME, AS IN THE PAST, I STILL NEED MEDICAL TREATMENT INCLUDING THE PAIN MEDICATION UNLAWFULLY REFUSED TO ME...

NOTE: THIS IS THE ONLY PERMISSIBLE FORM FOR THIS IS A LEGAL DOCUMENT

THANK YOU, LET ME KNOW IF I CAN BE OF ASSISTANCE.

Jeffrey Moser

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

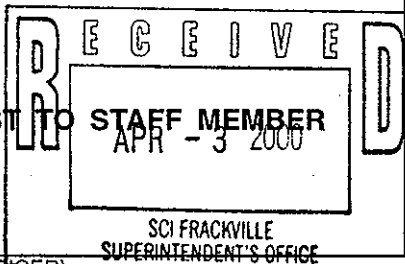
DATE



THIS IS A LEGAL AFFIDAVIT, COPIED - WITNESSED - DATED,

DC-135A

INMATE'S REQUEST TO STAFF MEMBER



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Joseph W. Chesney (Superintendent)

2. DATE

31 Mar 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MUSER BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

RE: FRA - 0102-00

6. QUARTERS ASSIGNMENT

A - A - 22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

GREETINGS SIR,

I GOT YOUR INITIAL REVIEW RESPONSE, I WILL GO AHEAD AND FINISH THE FINAL EXHAUSTION PROCESS, I FORMALLY ON THIS 31st DAY OF MARCH, 2000 REQUEST TO SEE SAID D.O.C. MEDICAL PROTOCOLS YOUR TALKING ABOUT.

IF YOUR NOT ABLE TO PROVIDE THEM TIMELY, PLEASE STATE WHY SIR, AND I WILL REQUEST THEM THRU THE DISCOVERY PROCESS, THEN I WILL GET THEM AS IS MY RIGHT. PLEASE LET ME KNOW IF I CAN BE OF ASSISTANCE IN ANY MANNER SIR!!! THANK YOU AND GOD BLESS YOU.

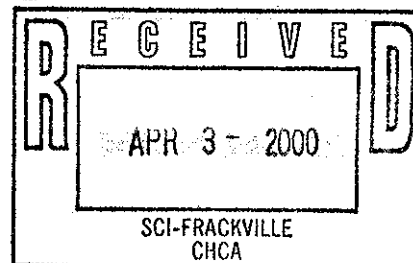
WITH ALL DUE RESPECT SER, I FIND IT HARD TO BELIEVE THAT YOU HAVE A PROTOCOL THAT STATES YOU CAN REFUSE SPECIALIST RECOMMENDED MEDICATIONS FOR YOUR OWN INST. AGENCY. (FEDERAL & STATE LAW SUPPORT THIS), I HAVE NO PERSONAL WANTS, DOCTOR ORDER FOR REASONS OF NEED, NOT WANT, I NEED MEDS

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

NOT WANT, ASK THE MANG SPECIALIST INCLUDING YOURS. I WAS GIVEN THIS TYPE OF MEDICATIONS AT GREATERFORD - WHY WAS IT NOT AGAINST D.O.C. PROTOCOL THERE.

I REQUEST A PERSONAL INTERVIEW & RESPONSE SER. I WOULD WELCOME ANY TYPE OF RESOLUTION, WITHOUT FURTHER RETALIATION...

Ms. Kaurath -  
For your attention  
cc: Mr. Torr



☐ TO DC-14 CAR ONLY

☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

CERTIFICATE OF SERVICE

I, JEFFERY PAUL MOSER (DE4713) Hereby certify that I have served a  
 "True and Correct" copy of the following:

\* LEGAL AFFIDAVIT \*

" REFUSAL OF PARTIAL MEDICAL SERVICE "

" SPINAL FUSION OPERATION "

= 140 DAYS - EXPIRES ON 24 DAY OF AUG. 2000 =

Which is deemed filed at the time it is Delivered to the Prison Authorities for  
 forwarding, [via: Inst. Mail Box] Houston Vs. Lack, 101 L. Ed 2d 245 (1988) ,  
 Upon the Defendant (s) and/or His Attorney(s) of record, By placing same in a  
 sealed, Postage Paid envelope addressed too:

1.) Medical Director  
 Linda Neuroth  
 S.C.E. FRACKVILLE  
 1111 ALTAIR BLVD.  
 FRACKVILLE, PA.  
 17931

2.) Superintendent  
 Joseph C. Chesney  
 1111 ALTAIR BLVD.  
 FRACKVILLE PA.  
 17931

3.) Daniel Doyle Esq.  
 Counsel For Inst.

I will forward LEGAL copy  
 when Afford Low Library Term.  
 week of 3rd Apr. 2000

( INSTEAD - INST. - MAIL - )

AND DEPOSITED SAME IN THE UNITED STATES MAIL AT :[Inst.] S.C.E. FRACKVILLE

I Declare, Under the penalty of perjury, (Title 28 U.S.C. 1746) that the Foregoing  
 IS " TRUE & CORRECT".

Dated this 3rd day of APRIL 2000

Sworn Too:

WITNESSED:

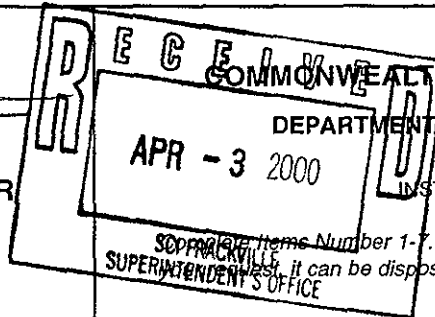
Paul W. H.  
 4/3/2000

Jeffery Paul Moser  
JEFFERY PAUL MOSER

DC-135A

# LEGAL NOTICE

## INMATE'S REQUEST TO STAFF MEMBER



INSTRUCTIONS  
Items Number 1-7. If you follow instructions in preparing  
it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent - Joseph W. Chesley

2. DATE

3rd Apr. 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEB BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

SIR,

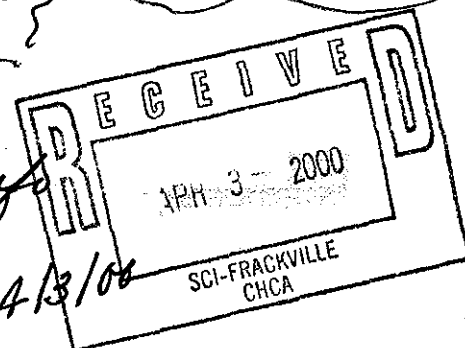
PLEASE REVIEW THE ATTACHED DOCUMENT, I HAVE SENT YOU THE ORIGINAL(S) AS IS THE LAW, I REQUEST YOU SEND A COPY TO YOUR COUNSEL, ... I WANT YOU TO KNOW THIS IS MY ONLY LEGAL OPTION IN MY SITUATION, I Hurt "Bad" Daily and it is crippling, BUT REGARDLESS I MUST ENDURE A LITTLE LONGER, I "KNOW" IT IS ONLY THE POLICY OF SCI-FRACKVILLE AND MAHARVOY, TO NOT PERMIT ANY PAIN MEDS. STRONGER THAN DOROCET, (AS STATED TO ME BY A ATT. DOCTOR AT THE INST.) (COURTAINNESS TR) REGARDLESS OF MEDICAL NEEDS (OR) SPECIALIST ORDERS. THIS IS UNLAWFUL... I DID RECEIVE MY MEDS IN GREATERFORD, FEDERAL PRISON, ETC. ONLY YOUR DOCTOR SCAREAMS FAKE HOODS AND WILL BE ASK TO ATTEST SO. SO I HOPE I WILL

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

NOT SUFFER FURTHER INDIFFERENCE, AND YOU WILL MAKE A PROVISION OF YOUR RULES, SO I CAN ~~CONTINUE~~ RECEIVE NEEDED MEDICATIONS, AS WAS RECOMMENDED BY THE SPECIALIST. THANK YOU. PLEASE GET BACK TO ME TIMELY... }

Mr. For / Ms. Namath - for your info

4/13/00

☐ TO DC-14 CAR ONLY☒ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE



COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections  
State Correctional Institution at Frackville  
Superintendent's Office  
March 30, 2000

**SUBJECT:** Appeal from Initial Review  
Official Inmate Grievance No. FRA-0102-00

**TO:** Jeffery Moser, BE 4713  
A A 22

**FROM:**   
Joseph W. Chesney  
Superintendent

Upon receipt of your appeal to the Initial Review of the above cited grievance, I have reviewed the original grievance and the response you received.

There is no evidence other than your allegations that anyone is guilty of malpractice.

As indicated in Ms. Nauroth's reply, "The consult sheet does make a recommendation for surgery".

All treatments are according to need and established medical and Department of Corrections protocols – not your personal wants.

JWC/ca

cc: CHCA Nauroth  
DC-15  
File

## - INITIAL REVIEW -

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

\* APPEAL TOO: SUPERINTENDENT \*

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

0102-00(FRA)

TO: GRIEVANCE COORDINATOR <u>SUPERINTENDENT J. C. CHESNEY</u>	INSTITUTION <u>S.C.E. FRACKVILLE</u>	DATE <u>3-29-2000</u>
FROM: (Commitment Name & Number) <u>MOSEK, JEFFERY BE4713</u>	INMATE'S SIGNATURE <u>Jeffery Paul Mosek</u>	
WORK ASSIGNMENT <u>- NONE -</u>	QUARTERS ASSIGNMENT <u>A-A-22</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

AS ALWAYS MS. NAUROTH CONSOLIDATES ALL MY ISSUE(S) INTO ONE (GRIEVANCE, SO I ASK YOU HAVE YOUR INST. ATTORNEY (OR) YOURSELF TO REVIEW ALL FACTS PREVIOUSLY SUBMITTED (ISSUE ONE) THE DOCTOR HERE IS GUILTY OF MALPRACTICE, HAS MALICIOUSLY REFUSED TO AFFORD ME PROPER AND EFFECTIVE PAIN MEDS, PHYSICAL THERAPY, SPINAL SURGERY, HE CANNOT CLAIM THE PRETENSE OF NOT KNOWING, AS WE ALL KNOW I CAME FROM A FEDERAL MEDICAL CENTER, AND THE ACTION OF THE MEDICAL STAFF SINCE (S.C.E. FRACKVILLE) ARE DEPLORABLE. I DEMAND ALL SPECIALIST RECOMMENDATIONS BE FOLLOWED IMMEDIATELY AND LAWFULLY, ISSUE TWO.) ALL OF WHAT MS. NAUROTH STATES ABOUT TREATMENT OF HEP C. IN HER RESPONSE IS A LIE, ALL STUDIES RECENTLY CONFIRM THE NEED FOR A LIVER BIOSPY, EVEN YOUR DR. MOYER AGREED! NOW <sup>my</sup> TREATMENT IS YOUR PRESENT POLICY, MS. NAUROTH STATE I LIFT WEIGHTS - AND I GOT A MENTAL ILLNESS, SO I CAN'T GET HEP C. TREATMENT. WAS IT NOT SO LONG AGO, SHE HAD ALL MY MENTAL HEALTH TREATMENT STOPPED, SO WHAT PROBLEM?)

## B. Actions taken and staff you have contacted before submitting this grievance:

YOUR STAFF SAYS ONE THING AND DOES THE OTHER. IT'S ALSO STATED I HAVE AN ADDICTION PROBLEM, BUT ONLY ACCORDING TO HER & MR. O'CONNOR, MY SPECIALIST AND (9) DOCTOR BEFORE ONLY STATE A DEFINED NEED FOR MEDICATION. SO YOU CAN SEE THEY CAN'T KEEP THEIR STORY STRAIT, BUT THANK GOD IT'S ALL IN WRITING. THE BOTTOM LINE IF I CONTINUE TO BE STALLED AND REFUSE TREATMENTS I WILL REQUEST PERSONAL CLASS ACTION SANCTION IN COURT.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

Unwitnessed Submission

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

PLEASE REVIEW ALL RECORDS

FINAL REVIEW

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FEA-0102-00

TO: GRIEVANCE COORDINATOR	INSTITUTION FRACKVILLE	DATE 5 Apr, 2000
FROM: (Commitment Name & Number) MOSEK, BE4713	INMATE'S SIGNATURE [Signature]	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT A-A-72	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

PLEASE REVIEW specialist medical Directions of 3-20-2000, which state "I am aware that the patient may have other problems in the past" as per the Prison Doctor. But certainly the M.R.E. findings are quite significant. Also stated, "I feel the patient should be placed on a 20mg or 40mg dose of 'Oxycontin' around the clock twice a day to see how he responds." So you can see the surgeon, said the pain I was in by my M.R.E. which was shared around and noted I need stronger pain meds, because the present treatment could not possibly help me. I took stronger meds at Graterford as needed and I need a spine fusion! All this the R. D.O.C. knew when they took custody of me in July of 1999, I came from physical medical center. Since, I have been refused any effective treatment, FRACKVILLE and MAHONING HAVE A POLICY OF NOT GIVING NO PAIN MEDS. SLOWER THEN DANCE. 2

B. Actions taken and staff you have contacted before submitting this grievance: "REGARDLESS OF NEED." IT IS DELIBERATE ENDIFFERENCE TO REFUSE ME "THE NEEDED" MEDS AS WELL AS THE ACTION OF DR. [Name] HAVE BEEN OF GENOCIDIAL PROPORTIONS? WHEN YOU MAY HIS NON-TREATMENT OF "HEP C." So I have refused surgery for 140 days until I see if I make bank and I'll get my next compensation. BECAUSE DR. [Name] [Name] and [Name] [Name].

Your grievance has been received and will be processed in accordance with DC-ADM 804.

A WORKING MILLION DOLLAR LAWSUIT.  
I Big For JUSTICE? Relief. PLEASE HELP.

Signature of Grievance Coordinator

Date



DC-804  
Part II

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P. O. BOX 598  
Camp Hill, PA 17011

OFFICIAL INMATE GRIEVANCE  
INITIAL REVIEW RESPONSE

GRIEVANCE NO. FRA-0102-00

TO: (Name & DC#) BE-4713 Jeffrey Moser	INSTITUTION:  SCI-Frackville	QUARTERS:  A-A22	GRIEVANCE DATE:  03-24-00
--	------------------------------------	------------------------	---------------------------------

The following is a summary of my findings regarding your grievance:

This will serve as response to your grievance #FRA-0102-00, your Request Slip to me dated 03-17-00 and your Request Slips to the Superintendent dated 03-19 and 03-21-00 which he has asked me to answer on his behalf.

**Hepatitis C:**

Based on our previous discussions, I know you are aware that Hepatitis C is not considered to be a terminal illness. It is true that some people who have this disease will develop serious liver problems over the course of 20 - 30 years. It is also true that some people with Hepatitis C will never develop liver disease.

The Department of Corrections' protocol was written by physicians who consulted with infectious disease specialists at CDC, Atlanta. Liver biopsy is not a routine part of that protocol, but could be considered on a case-by-case basis if there is a physician-determined need for biopsy information. That need has not been established in your case.

All DOC facilities - including this one - have the ability to properly administer Alpha Interferon and Ribavirin. These drugs, which are the only currently FDA approved drugs for treating Hepatitis C, have very serious side effects. For that reason, not everyone who has Hepatitis C is a candidate for treatment. Among those who should not receive the drugs are those who have a psychiatric diagnosis of depression and those who have not dealt with their substance abuse problem.

- continued -

BE-4713, Jeffrey Moser  
Response to Grievance FRA-0102-00  
Page 2

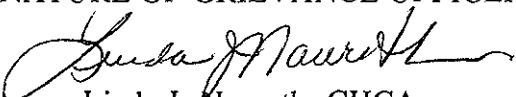
**Back Surgery:**

I told you when you arrived here that if you needed surgery you would get it, but first we had to determine the need. Now the tests are done and the specialist has been consulted. We have not yet received the full report from the neurosurgeon, but his handwritten note on the consult sheet does make a recommendation for surgery. When we get the full report, we will formulate a plan of action. We will keep you apprised.

Consultants to not write orders. They write recommendations for the primary care physician who is the one who has the responsibility for the patient's care and who is also the one who has the most information about the patient.

For example, the specialist didn't know that on your present pain medications you were able to be lifting weights in the yard. Dr. O'Connor takes all information into account when writing the orders.

cc: Superintendent Chesney  
DC-15  
File

Refer to DC-ADM 804, Section VIII, for instructions on Grievance System Appeal Procedures	SIGNATURE OF GRIEVANCE OFFICER:  Linda J. Nauroth, CHCA	DATE: 03-27-00
---	---	-------------------

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598Dated / COPIED / witnessed.  
Submission  
All done 3/24/00  
With: *[Signature]*

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0102-00

TO: GRIEVANCE COORDINATOR	INSTITUTION <i>S.C.E. FRACKVILLE</i>	DATE <i>24 March 00</i>
FROM: (Commitment Name & Number) <i>MOSEK BE4713</i>	INMATE'S SIGNATURE <i>[Signature]</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <i>A-A-22</i>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block-B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

ON THE 20th of March 2000, I finally receive a neuro-surgeon consultation. In such he affirmed that: my back has advanced, from previous dated (M.R.I.) (s) that I need a spinal fusion at several levels, and to be on "Oxycontin" pain medication, for severe pain, as the present medication would not be effected, in light of my serious injury, I check today and was told that the specialist orders never made it into my medical file? I formally & legally demand my medication as it is the law, you are to abide by law with all specialist orders, it is unlawful to tamper with said records, also, I also request my surgery and full physical therapy (3 to 6) aftercare required by law. I HAVE BEEN DENIED ALL TO DATE. IT WAS FURTHER STATED AT NO TIME SHOULD I HAVE BEEN ON ICE AND SNOW AND I HAVE INCURRED FROM NERVE DAMAGE. YOU REFUSING TO TREAT

## B. Actions taken and staff you have contacted before submitting this grievance:

A condition you knew needed treated. (NEGLECT). Exhausted all issue prior to specialist examine, now I proceed to exhaust "new" civil violations. (wrote: Daniel Doyle A/K/A For Frackville) (wrote Mr. Mearns) (spoke to Mr. Forr) (ask court to secure specialist issues) from inst. (Harrassment) IT WILL BE MY INTENTION TO HOLD ALL INVOLVED RESPONSIBLE IN THERE PERSONAL CAPS (MUTUAL)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date



**DC-135A**

\* Legal Documents Enclose

**INMATE'S REQUEST TO STAFF MEMBER**

~~COMMONWEALTH OF PENNSYLVANIA~~

DEPARTMENT OF CORRECTIONS

## INSTRUCTIONS

*Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.*

SCI FRACKVILLE  
SUPERINTENDENT'S OFFICE

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

Superintendent Joseph C. Chesney

19th Apr. 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

4. COUNSELOR'S NAME

## 5. WORK ASSIGNMENT

## 6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

GREETINGS SER,

(PLEASE SEE THE ATTACHED COPY OF A LETTER ~~LEVAL~~ LEVAL LETTER SENT TO YOUR COUNSEL ON YOUR BEHALF). I FORMALLY REQUEST ALL SPECIALIST "ORDER" RECOMMEND TREATMENT, MEDICATION, ~~3~~ <sup>3</sup> ~~SURGICAL~~ SURGERY, WITHOUT NO FURTHER MEDICATION DISCRIMINATION, SMALL TACTICS AND/OR ACTS MEDICAL NEGLECT AND/OR RETALIATORY ACTS. I HAVE BEEN "GRANTED" THE RIGHT TO BE RE-HEARD IN FEDERAL COURT UPON EXHAUSTION, I WILL PROCEED SHORTLY, UNLESS THESE ISSUES <sup>ARE</sup> RESOLVED. SIR, YOU AND MR. FORR ARE PROFESSIONALS IT IS BEYOND ME, WHY YOU PERMIT YOUR MEDICAL STAFF TO ACT SO MALICE AND UNLAWFULLY UNDER YOUR ADMINISTRATION RESPECTFULLY, I WANT TO BE OF ASSISTANCE IF I CAN SIR, I GOT A TRUCK LOAD OF PROOF DOCUMENTATION <sup>3</sup> WITNESSES IF NEEDED. PLEASE GET BACK TO ME TIMELY. J. Moser

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

See Response to Grievance FRA-0102-00 Dated 03-27-00. LJN

☐ TO DC-14 CAR ONLY

☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE \_\_\_\_\_

PLEASE SEE ATTACHED.

(LEGAL AFFIDAVIT)

19th Day of March, 2000

DANIEL J. DOYLE ESQ.

OFFICE OF ATTORNEY GENERAL

( 00. 3025 )

15th FLOOR, STRAWBERRY SQUARE

— EXHAUSTION MEASURE —

HARRISBURG, PA. 17120

( COUNSEL FOR STATE - DR. O'CONNOR, R.N. NAUROTH, SUPER: JOSEPH C. CHESNEY )

GREETINGS MR. DOYLE,

I AM WRITING YOU, TO MAKE YOU AWARE I FINALLY SAW THE NEUROSURGEON TODAY, AND TO AFFIRM ALL THAT WAS (OR) DID TAKE PLACE IN SAID MEETING, I FEEL TO NEED ~~TO~~ DO THIS BECAUSE, DR. O'CONNOR AT S.C.I. FRACKVILLE OFTEN CHANGES SPECIALIST "ORDERS" AND/OR "RECOMMENDATIONS", WHICH IS UNLAWFUL AND I BELIEVE HIMSELF AND HIS ADMINISTRATOR WILL STOP AT NOTHING LAWFUL (OR) IN MOST CASE NOT, TOO DENIAL PROPER MEDICAL TREATMENT, FOR COST, DISCRIMINATION AND MANY OTHER PURPOSES. ALL MY ALLEGATIONS AND NEED MEDICATIONS AND SURGERY WE'RE AFFIRMED BY THE SPECIALIST TODAY, AS DR. O'CONNOR ALREADY KNEW, BUT BEFOREHAND DELIBERATELY DENIED ME. "THE SPECIALIST "ORDER" STRANGE PAIN MANAGEMENT MEDICATION "OXYCONTIN" AND ALSO RECOMMENDED I HAVE A (2) DISC SPINAL FUSION WITH FOLLOW-UP PHYSICAL THERAPY AND FOLLOW-UP SPECIALIST TREATMENT..." "I REQUEST ALL SPECIALIST ORDERS BE FOLLOWED..."

I DON'T NEED TO TELL YOU SIR, HAS MADE A MESS OF MY MEDICAL SITUATION, HE LEAVES YOU TO CLEAN ALL THIS UP IN THE COURTS, I'M GIVING YOU NOTICE NOW, PLEASE DON'T PERMIT HIM TO PUT MY HEALTH AT RISK ANY FURTHER. I AM TRYING TO REMEDY THIS SITUATION. HE STILL ALSO IS REFUSING ME A "LIVER BIOSPY" FOR MY HEP.C. TERMINAL ILLNESS—(ALSO)... I FEEL ONLY GOING PUBLIC CAN ASSIST THIS SITUATION QUICKLY, AND STOP THE INJUSTICE'S DONE, BUT I'LL AWAIT YOUR RESPONSE FOR (30) DAY. PLEASE KNOW I'LL ASSUME ALL MY MEDICAL COST UPON MY RELEASE AND ASSIST ME WHEN ABLE, PLEASE SPEAK TO YOUR CLIENTS.

\* SWORN TO:

Respectfully, Jeffery Paul Moser 3/19/2000

# \* CASELAW IN Support of Facts AT Hand...

- SPECIALISTS "ORDER" (OR) RECOMMENDATIONS - (MUST BE FOLLOWED)

- (HAMILTON V. ENDELL, 981 F.2d 1063 (9th CIR. 1992))

(A)OP - (DISREGARD OF SURGEON'S DIRECTION CONSTITUTE DELIBERATE INDIFFERENCE -

(WASHINGTON V. DUYGER, 860 F.2d 1018, 1019-21 (11th CIR. 1988) SAME AS (A)OPINION

(MARTINEZ V. MANCUSO, 443 F.2d 981, 983-25 (2d CIR. 1970)) SAME AS (A)OP.

WILLIAMS V. O'LEARY, 805 F.Supp. 634, 638 (N.D. ILL, 1992) SAME AND THEN SOME (A.

(HARRIS V. THIGPEN, 941 F.2d 1495, 1509 (11th CIR. 1991)); (LANGLEY V. COUGHLIN, 888

F.2d 252, 254, (2d CIR 1989)) - PRISON OFFICIAL MUST PROVIDE ADEQUATE FACILITIES

EQUIPMENT FOR NECESSARY MEDICAL CARE. "THIS INCLUDES MEDICATION DISPENSION, WHICH IN

NO CASE SHOULD "MEDICATION DISCRIMINATION BE ACCEPTABLE LAWFUL BEHAVIOR". -

(GREEN V. CARLSON, 446 US 14, 64 LEd2d 15, 100 S. CT 1468 (1980))

- SUIT AGAINST PRISON WARDEN FOR MONEY DAMAGES, (MEDICALLY RELATED) - <sup>U.S.</sup> SUPREME CT. RULING

(JOHNSON V. CLINTON, 763 F.2d 326 (8th CIR 1985))

- CRUEL AND ~~UNUSUAL~~ UNUSUAL PUNISHMENT CLAIM - DENIAL OF PROPER MEDICAL TREATMENT - SURGERY - ECT. 8th ADMENDMENT VIOLATION AND MORE.

(WEAVER V. CLARK, 45 F.3d 1253 (8th CIR 1995); HARRIS V. COWETA COUNTY, 21 F.3d 388 (11th CIR. 1994)) PRISON OFFICIAL VIOLATES EIGHT AMENDMENT BY BEING

DELIBERATELY INDIFFERENT EITHER TO PRISONER'S EXISTING SERIOUS MEDICAL CONDITIONS

POSING SUBSTANTIAL RISK OF SERIOUS FUTURE HARM. NOTE: THIS CASELAW ALSO COVERS

THE DELIBERATE INDIFFERENCE SHOWN "WHEN THE PRISONERS REFUSE ALL INMATE A

"LIVER BIOSPY" WHEN THEY KNOW THE PRISONER HAS (HEPC.) THEY ARE SAVING MONEY

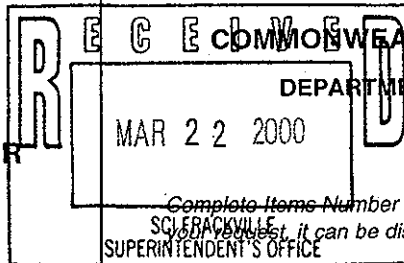
WHILE PUTTING OTHER IN FUTURE HARM. (SPINAL ISSUE FOR MYSELF INCLUDED)

(COPIED - DATED - WITNESSED)

DC-135A

- LEGAL -

## INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing  
SCI-FRACKVILLE  
SUPERINTENDENT'S OFFICE  
it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

SUPERINTENDENT Joseph L. Chesney

2. DATE

21 MAR. 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

JEFF MOSER BE4713

4. COUNSELOR'S NAME

Dudeck.

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

GREETINGS SER,

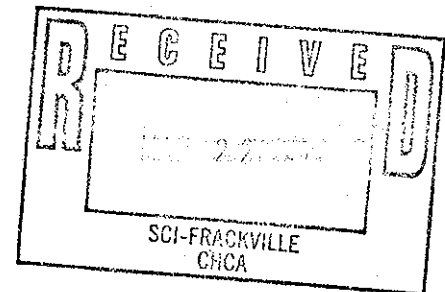
I would like to know "will I be your contention for further legal proceeding that you knew nothing of Ms. Nuroth and Dr. O'Connor actions, when they refused me, proper pain medication, stalled neurosurgeon appointment, left me without means to tend my incontinence, refused and/or total sought to stop all mental health services and medications to me, and refuses any treatment (or) liver biopsys for Hep C."

Well please take notice now, I once again make you aware of all these horrible conditions and medical neglect, with your full knowledge thoughtless frustration measures, as I am told I will continue to be refused the specialist "order" meds and treatment, regardless of need. I am for a public trial - Please contact me with your contentions, so we may seek remedies to the situation. Prisoners are human beings. Please respond timely. God Bless you and yours. J. Moser.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

3/22/00  
Ms. Nuroth -

No advice

See Response to Grievance FRA-0102-00  
Dated 03-27-00. LJN☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE



DC-135A

*Legal Medical Request*

  
**INMATE'S REQUEST TO STAFF MEMBER**

(Date furnished / copied)

  
**COMMONWEALTH OF PENNSYLVANIA**  
**DEPARTMENT OF CORRECTIONS**
**INSTRUCTIONS**

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

*Ms. Naveeth (Medical Administrator)*

2. DATE

*7 Nov 2000*

3. BY: (INSTITUTIONAL NAME AND NUMBER)

*MOSEL, BE4713*

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

*A-A-22*

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

*UPON EXTENSIVE STUDIES OF RESEARCH & MATERIAL ON "HEP C" THE EFFECTS, THE TREATMENTS, AND MEDICATIONS, I FIND YOU ARE IN ERROR, AS STATED BEFORE, BY DR. MYER, I WOULD HATE TO THINK THIS IS INTENTIONAL INDIFFERENCE TO SERVE THE D.O.C. MEANS AT THE COST OF INMATES' LIVES. WHAT I AM REFERRING TO MA'AM, YOU MUST DO A LIVER BIOPSY (R+ALCOHOL) BEFORE ADMINISTERING ANY MEDICATION FOR HEP C. AS WELL AS TO TELL HOW MUCH LIVER FUNCTION ONE HAS, DOCUMENTED FACT IS YOU CAN'T ASSESS THIS BY A MERE BLOOD TEST, WHICH BY THE WAY WE CAN ONLY GET EVERY 6 MONTHS. THIS SHOULD BE STANDARD OPERATING PROCEDURE TESTING, AS IT WOULD BE CRIMINAL TO IGNORE THE ILLNESS (OR) TREAT IT WITHOUT PROPER BIOPSY TESTING. I UNDERSTAND YOU DON'T HAVE THE FACILITIES HERE TO PROPERLY ADMINISTER (INTERFERON ALFA-2A) TREATMENT HERE, BUT IF YOU DO, SHOULD YOU HAVE A LIVER BIOPSY DONE FIRST. I*

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

*would think so. PLEASE SCHEDULE ME FOR A LIVER BIOP-  
 (OO) "IN WRITING" EXPLAIN WHY I'M BEING REFUSED.  
 THANK YOU REALLY! J. Mosel.*

See Response to Grievance FRA-0102-00 Dated 03-27-00. LJN

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598Dated / COPIED / WITNESSED.  
Submission  
All date 3/24/00  
Wit: *[Signature]*

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0102-00

TO: GRIEVANCE COORDINATOR	INSTITUTION <i>S.C.E. FRACKVILLE</i>	DATE <i>24 March 00</i>
FROM: (Commitment Name & Number) <i>MOSEK BE4713</i>	INMATE'S SIGNATURE <i>[Signature]</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <i>A-A-22</i>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

ON THE 20<sup>th</sup> OF MARCH 200, I FINALLY RECEIVE A MEDICAL CONSULTATION. IN SUCH HE AFFIRMED THAT: MY BACK WAS ADVERSELY AFFECTED FROM FANTOMAS DATED (MIR.T.)<sup>(S)</sup> THAT I NEED A SPINAL FUSION AT SEVERAL LEVELS, AND TO BE ON "OROPATH" FOR MEDICATION, FOR SEVERE PAIN, AS THE PRESENT MEDICATION WOULD NOT BE EFFECTED, IN LIGHT OF MY SERIOUS INJURY, I CHECK TODAY AND WAS TOLD THAT THE SPECIALIST ORDERS NEVER MADE IT INTO MY MEDICAL FILE? I FORMALLY LEGALLY DEMAND MY MEDICATION AS IS THE LAW, YOU WERE TO ABIDE BY LAW WITH ALL SPECIALIST ORDERS, IT IS UNLAWFUL TO TALKER WITH SAID RECORDS, ALSO, "I ALSO REQUEST MY SURGERY AND FULL PHYSICAL THERAPY (3 TO 6) AFTERCARE REQUIRED BY LAW. I HAVE BEEN DENIED ALL TO DATE. IT WAS FURTHER STATED AT NO TIME SHOULD I HAVE BEEN ON ICE AND SNOW AND I HAVE INCURRING FROM NERVE DAMAGE. YOU RECENTLY REFUSED TO TREAT

## B. Actions taken and staff you have contacted before submitting this grievance:

A CONDITION YOU KNEW NEEDED TREATED. (NEGLECT). EXHAUSTED ALL ISSUE PRIOR TO SPECIALIST EXAMINE, NOW I PROCEED TO EXHAUST "NEW" CIVIC VIOLATIONS. (WROTE: DANIEL DOYLE #6 FOR FRACKVILLE) (WROTE MR. MASON, (SPOKE TO MR. FORR) (ASK COURT TO SECURE SPECIALIST ISSUE(S) FROM INST. REPRESENTATIVE). IT WILL BE MY INTENTION TO HOLD ALL INVOLVED RESPONSIBLE IN THERE PERSONAL CAPS (MILITARY).

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections  
State Correctional Institution at Frackville  
(570) 874-4516, Ext. 187  
June 22, 2000

**SUBJECT:** Request Slip Dated 06-21-00

**TO:** BE-4713, Jeffrey Moser

**FROM:**   
Linda J. Nauroth  
Health Care Administrator

I am not the ADA Coordinator for Eastern Pennsylvania. I am the ADA Coordinator for SCI Frackville.

Yes, I did send you the information on how to request accommodation under ADA on 06-13-00, just as I answered your request slip. I put your responses in the mail just like I do for every other inmate. It is not my responsibility to hand-deliver.

LJN/sr

cc: File

DC-135A

## INMATE'S REQUEST TO STAFF MEMBER

## COMMONWEALTH OF PENNSYLVANIA

## DEPARTMENT OF CORRECTIONS

## INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MS. Nauroth Medical

2. DATE

2/06/00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEY RE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

MS. Nauroth,

I spoke to MR. FORK today, He said you were suppose to have sent me some forms to file out, to get my A.D.A. AND REHAB. ACT. information. I didn't get them, please forward them to me immediately, as you are the responsible A.D.A. Coordinator for Eastern Penna. (D.O.C.) you say I got my last (3) Request slip Back, No I didn't, please assure I do this time

THANKS

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

See Response Dated 06-22-00. LJN

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE




COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections  
State Correctional Institution at Frackville  
(570) 874-4516  
July 3, 2000

**SUBJECT:** Request Slips dated 26 June, 28 June  
And Grievance FRA 0294-00

**TO:** Jeffrey Moser, BE-4713

A-A-22

**FROM:**   
Bruce K. Smith  
Deputy Superintendent  
Centralized Services

Superintendent Chesney is on leave. I am in charge in his absence.

The only purpose to be served by a personal interview would be to gather additional information. Considering the volume of material at hand, it appears extremely unlikely anything new would be revealed.

I have reviewed the medical file and have discussed your treatment with Dr. O'Connor and Mrs. Nauroth. I see no evidence of discrimination or retaliation. I do see clear evidence of libel in your statement that Dr. O'Connor is "intentionally harming and killing inmates." I remind you that neither DC-ADM 804 nor the First Amendment to the Constitution of the United States relieves you of responsibility for your statements.

You were seen by an oral surgeon regarding what you refer to as "stone and infection in the throat gland."

Your claim that "No treatment at all" resulted from this consultation is a lie. Antibiotics and a regimen of massage were prescribed. You did comply with the medication order. Only you know whether you followed up on the instructions for massage.

The oral surgeon did suggest an E.N.T. consultation. Dr. O'Connor determined that because there was no evidence that the gland was malfunctioning, any surgery would be elective. Nowhere in the record is there mention of this condition causing cancer.

William Storm's medical condition is not at issue here. At this time, I am not aware of litigation regarding his medical care.

You were seen by a neurosurgeon regarding your back pain. The outcome of this consultation was a recommendation for surgery, which you have refused. Dr. Nakkache suggested Oxycontin, 20 mg or 40 mg, bid. (Consults do not result in "orders" unless

**Jeffrey Moser, BE-4713**

**Page Two  
July 3, 2000**

approved by the Medical Director). The surgery was approved, morphine was not. Follow-up with Dr. Nakkache revealed that the source of the suggestion for pain-management-by-morphine was your request.

Your assertion that there is no pain management in your case is another lie. A multi-disciplinary team reviewed your situation, including Dr. Nakkache's (your) recommendation, and arrived at a pain-management plan, which includes powerful, but less physiologically addictive, drugs.

By way of review, one can see that you have been offered treatment (surgery) which has been approved as a needed procedure which should substantially reduce pain and dependence on drugs, and that instead of long-term corrective action and relief, you demand morphine, and plenty of it, which will provide no corrective or therapeutic effect, and no relief beyond the duration of the next dose.

Regarding Mr. Humphrey, your assertion that he was prescribed Vicodin in exchange for not requesting surgery is another lie. His pain-management plan also resulted from a multi-disciplinary consult, and surgery has not been ruled out. Your allegation that he was coerced to silence by threat of having his pain medication cut is yet another libelous statement, easily proven untrue; Q.E.D. 1) Obviously he did not remain silent. 2) He's still taking Vicodin.

With regard to ADA claims; as noted in the reply to your appeal on Grievance FRA-294-00, you continue to insist your "rights" are being denied in spite of the fact you have yet to make a cogent, reasonable request for accommodation.

Perhaps I can be of some assistance in resolving this part of your complaint.

First, be advised that no one is duped or misled by incomplete information. What your family claims to have heard from federal authority notwithstanding, SCIF did request medical records from your treatment in Phoenix, that request was acknowledged in writing, and we have received the requested information. (Trust me on this. I have held these documents in my hands, read them, and the fact that Mr. O'Connor has reviewed them is a matter of record).

Second, you must understand that A.D.A. does not require that we obsequiously grant your every wish. SCIF is in compliance with the law if (1) you are provided the means to state your disability, to describe how the disability effects your Major Life Activities, and (b) the request for accommodation is evaluated and if reasonable and effective, granted, and, (c) of course, you are advised of the outcome of the evaluation and decisions. (ADA Request enclosed - 3<sup>rd</sup> time.)

I am aware of what Cauda Equina Syndrome is. I am also aware Dr. Nakkache found no evidence of it on March 20<sup>th</sup>, and there has been no other evidence of incontinence. In the

Jeffrey Moser, BE-4713

Page Three  
July 3, 2000

federal medical record, there is reference to a single episode of incontinence "possible" Cauda Equina, secondary to a fall. The prescribed treatment was to take it easy for 4 days before resuming normal activity. I believe that was in 1998. There are, and have been, incontinent inmates at SCIF, even pre-ADA, and there was no problem in accommodating their needs.

You need to calm down and make a couple of basic choices:

Column A

Column B

Therapeutic/Restorative  
procedures to enhance ability  
and relieve pain.

Increasing dependency on  
narcotic drugs.

Mature discussion of facts and  
effective solutions to problems.

Childish tantrums, lies, irrational  
demands, descending spiral of  
frustration.

Assume responsibility for self;  
make the most of what is available.

Abdicate responsibility and authority  
blame everyone else for your poor  
decisions.

The choice is 100% yours. It should be a no-brainer for a smart fellow such as you.

BKS/hs  
enclosure

cc: Supt Chesney  
CHCA Nauroth  
DC-14  
file



COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections  
State Correctional Institution at Frackville  
(570) 874-4516, Ext. 187

SUBJECT: Request Dated

TO:

FROM: Linda J. Nauroth  
Health Care Administrator

Please note the following definitions as found in DC ADM 006, Reasonable Accommodations for Inmates with Disabilities:

Qualified Disability: Physical or mental impairment that substantially limits one or more major life activities.

Major Life Activities: Functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working.

Reasonable Accommodation: Modification or adjustment to a job or work environment that will enable a qualified applicant or employee with a disability to participate in the application process or perform all essential job functions and which does not create an undue hardship for the employer.

Please note that having a diagnosed medical problem does not necessarily mean that a person has a disability. Also, note that "reasonable accommodation" does not include medical treatment or referral to a specialist. Finally, please note that while Frackville does not have an on-site infirmary, infirmary care is available to any Frackville inmate who needs it. For this reason, the "accommodation" of transfer to a facility that has an infirmary is not an option.

Based on the above information, please resubmit your request slip, stating specifically:

1. The nature of your disability;
2. How that disability affects your major life activities;
3. What reasonable accommodation is requested? How will that accommodation allow you to perform major life activities that you cannot currently perform?

LJN/sr

Attachment

c: File

ada-memo.frm

*This is the form I sent  
to Mr Moser*

DC-804

PART 1

(Personal &amp; Confidential)

Submission to 1/16  
 Witnessed by R. Wolf  
 COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF CORRECTIONS  
 P.O. BOX 598  
 CAMP HILL, PA. 17001-0598

22  
 LEGAL Exhaustion  
 Docket No. # PLEASE

(copy/witnessed/dated)  
 OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0294-00

TO: GRIEVANCE COORDINATOR <i>Medical</i>	INSTITUTION <i>SCE - FRANKVILLE</i>	DATE <i>6-12-00</i>
FROM: (Commitment Name & Number) <i>BE4713 MOSEK</i>	INMATE'S SIGNATURE <i>JEFF MOSEK</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <i>A - A - 22</i>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I repeatedly write medical and NEVER receive a response asking about "Hep. C." treatment and blood testing and about the operation on my throat which I've needed for over 1 yr now! I am 35 years old and due blood scanning (S.B.A. Testing) for prostate problem which is recommended due to my age and spine injury. ALL THE ABOVE ARE LONG OVERDUE NEEDED medical treatments. THIS IS JUST ANOTHER BLATANT EXAMPLE OF THE medical Dept. MEDICAL neglect and ignoring my medical needs. AS THE ADMON. CAN ONLY STATE "SUE US" BY ACTIONS, IN BLATANT DISREGARD OF MY MEDICAL NEEDS, THE TAXPAYERS MONEY. YOU ARE IN VIOLATION OF THE REHAB. ACT & A.D.A. ON ALL ACCOUNTS, and guilty of CRIMINAL

## B. Actions taken and staff you have contacted before submitting this grievance:

NEGLECT. I AM LEGALLY DISABLED...  
 Spoke with Ms. Narath 5/00 (Lobby) (9) Request slips, (2) A. visits  
 Spoke to Mr. Ford 5/00 about medical needs & Refiling suit.  
 Retain) member, Dorfman Esq. to monitor (over) Review legal action.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

A.D.A. Complaint (1990)

DC-804

PART 1 (Personal &amp; Confidential)

Submission of A. M. 6/90  
WITNESSED BY A. M. 6/90

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA. 17001-0598

LEGAL Exhaustion  
PLEASE DOCKET #

(Dated witnessed copied)

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0294-00

TO: GRIEVANCE COORDINATOR

INSTITUTION

DATE

SCI-FRACKVILLE

FROM: (Commitment Name &amp; Number)

INMATE'S SIGNATURE

BE4713 MOSER

Jeff Moser

WORK ASSIGNMENT

QUARTERS ASSIGNMENT

NONE OFFERED

A-A-22

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I am LEGALLY Disabled, I ~~am~~ am Certified So, By THE Federal Authorities, Re: HOB. Act and THE A.d.A. of 1990, S.S. Admitted. BECAUSE OF my SPINAL injury (SEE: Saunders v. Horn 963 F. Supp. 893 (E.D. Pa. 1997) AND BECAUSE I HAVE A terminal BLOOD BORN ILLNESS (Hep. C.) (which AIDES, H. E.V. and Hep. C. ARE A.d.A. Applicable) SCI-FRACKVILLE DOES NOT comply with THE STANDARDS of LAW, IN REGARDS TOO: (REASONABLE ACCOMMODATION) (Facilities to Accommodated Disabled Prisoners medically, & REHABILITATIONAL) Employment, Housing, Recreationally, Etc... THEREFORE, I am EXTREMELY Discriminated Against BECAUSE I am Disabled and suffer Great medical neglect, IN VIOLATION of THE A.d.A. and Re: HOB. Act.

THESE ACTIONS OF INDIFFERENCE ARE CRIMES AGAINST THE DISABLED, I DO

## B. Actions taken and staff you have contacted before submitting this grievance:

RE-actively REQUEST ACTION TO CORRECT  
& THIS TAKE PLACE IMMEDIATELY! THANK YOU.

(Brought ISSUE TO med. Admin 12/99) (unresponsive ignored) (3) Requests  
(NONE ANSWERED) (Letter / case law to Superintendent (Hesley 6/2000  
NO ANSWER TO DATE) wrote Disability Board Pa. 6/00 & Exhaustion reached?

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804  
Part II

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P. O. BOX 598  
Camp Hill, PA 17011

OFFICIAL INMATE GRIEVANCE  
INITIAL REVIEW RESPONSE

GRIEVANCE NO. FRA-0294-00

TO: (Name & DC#) Jeffrey Moser BE-4713	INSTITUTION:  SCI-Frackville	QUARTERS:  A-A22	GRIEVANCE DATE:  06-12-00
--	------------------------------------	------------------------	---------------------------------

The following is a summary of my findings regarding your grievance:

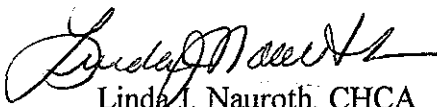
As I told you in response to your request slips to Superintendent, you have never requested accommodation under ADA. I have sent you the paperwork to do so. Your record contains no documentation that you are "legally disabled" nor is there any "certification".

You have the policy. I'm sure that you can see from reading it that accommodation is not a generic term for treatment and/or rehabilitation. Rather, it is specifically "a modification or adjustment to a job or work environment. . ." Follow the instructions on the paper I sent you. State specifically which major life activities are affected and what accommodation is requested. Yes, DOC policy does meet the requirements of law.

I have responded to every request slip you've sent me. You have not always liked my answers (like you, I keep copies of everything). Not granting you every request is not the same thing as ignoring your medical needs. For example, your need for surgery is very real, but you refused it.

cc:

DC-15  
File

Refer to DC-ADM 804, Section VIII, for instructions on Grievance System Appeal Procedures	SIGNATURE OF GRIEVANCE OFFICER:  Linda J. Nauroth, CHCA	DATE: 6/14/00
---	---	------------------



A.D.A. Complaint (1990)

DC-804

PART 1 (Personal, Confidential)

Submission

Witnessed

J. M. Wolf

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA. 17001-0598

LEGAL Exhaustion  
PLEASE DOCKET #

(DATED / WITNESSED / COPIED)

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0294-00

TO: GRIEVANCE COORDINATOR	INSTITUTION SCI-FRACKVILLE	DATE
FROM: (Commitment Name & Number) BE4713 MOSER	INMATE'S SIGNATURE Jeff Moser	
WORK ASSIGNMENT NONE OFFERED	QUARTERS ASSIGNMENT A-A-22	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I AM LEGALLY DISABLED, I AM CERTIFIED SO, BY THE FEDERAL Authorities, REHAB. ACT AND THE A.D.A. OF 1990, S.S. Admin. BECAUSE OF MY SPINAL INJURY (SEE: SAUNDERS V. HORN 960 F.Supp. 893 (E.D. PA. 1997) AND BECAUSE I HAVE A TERMINAL BLOOD BORN ILLNESS (HEP. C.) (WHICH AIDS, H.I.V. AND HEP. C. ARE A.D.A. APPLICABLE) SCI-FRACKVILLE DOES NOT COMPLY WITH THE STANDARDS OF LAW, IN REGARDS TOO: (REASONABLE ACCOMMODATIONS) (FACILITIES TO ACCOMMODATED DISABLED PRISONERS MEDICALLY, REHABILITATIONAL) EMPLOYMENT, HOUSING, RECREATIONALLY, ETC... THEREFORE, I AM EXTREMELY DISCRIMINATED AGAINST BECAUSE I AM DISABLED AND SUFFER GREAT MEDICAL NEGLECT, IN VIOLATION OF THE A.D.A. AND REHAB. ACT. THESE ACTIONS OF INDIFFERENCE ARE CRIMES AGAINST THE DISABLED, I DO

## B. Actions taken and staff you have contacted before submitting this grievance:

RESPECTFULLY REQUEST ACTION TO CORRECT THIS TAKE PLACE IMMEDIATELY! THANK YOU.

(BROUGHT ISSUE TO MED. ADMIN 12/99) (CORRESPONDANCE IGNORED) (3) REG. SHIP (NONE ANSWERED) (LETTER / CASELAW TO SUPERINTENDENT (HESNEY, 6/2000 NO ANSWER TO DATE) WROTE Disability Board PO. 6/00 - EXHAUSTION MEANT?

Your grievance has been received and will be processed in accordance with DC-ADM 804.

FURR

Signature of Grievance Coordinator

Mr. Thomas

6-13-00

Date

Medina

(MUSTIN VS. PENNA 016 F.Supp 1437, 1465 F.D. PA. 1995) \* CASELAW FOR SUPPORT \*  
 LITTLE VS. CYANUS COUNTY 118 F.Supp 801 (MT. 11-11-94) \* CASELAW FOR SUPPORT \*

DC-804

PART 1 (Personal &amp; Confidential)

Submission No. 7/116  
Witnessed by R. WolfCOMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598LEGAL EXHAUSTION  
DOCKET NO. # PLEASE(copy/witnessed/dated)  
OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0294-001

TO: GRIEVANCE COORDINATOR <i>Medical</i>	INSTITUTION <i>SCF - FRACKVILLE</i>	DATE <i>6-12-00</i>
FROM: (Commitment Name & Number) <i>BE4713 MOSEK</i>	INMATE'S SIGNATURE <i>Jeff MOSEK</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <i>A-A-22</i>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I repeatedly write medical and NEVER receive a response asking about "Hep. C." treatment and blood testing and about the operation on my throat which I've needed for over 1yr now! I am 35 years old and due blood scanning (S.B.A. testing) for prostate problem which is recommended due to my age and spine injury. ALL THE ABOVE ARE LONG OVERDUE NEEDED MEDICAL TREATMENT. THIS IS JUST ANOTHER BLATANT EXAMPLE OF THE MEDICAL DEPT. MEDICAL NEGLECT AND IGNORING MY MEDICAL NEEDS, AS MR. MARRAS CAN ONLY STATE "SUE US" BY ACTIONS, IN BLATANT DISREGARD OF MY MEDICAL NEEDS, THE TAXPAYERS MONEY. YOU ARE IN VIOLATION OF THE REHAB ACT & A.D.A. ON ALL ACCOUNTS, and GUILTY OF CRIMINAL

## B. Actions taken and staff you have contacted before submitting this grievance:

NEGLECT. I AM LEGALLY DISABLED...  
SPOKE WITH MR. MARRAS 5/00 (lobby) (2) REQUEST SLIPS, (2) PR. VISITS  
SPOKE TO MR. FOAR 5/00 ABOUT MEDICAL NEEDS, & REFILED SUIT.  
RETAINED MARRAS, DOLFINI ESQ. TO MONITOR (US) REVIEW LEGAL ACTION.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART-1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONSP.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FKA-0294-00

TO: GRIEVANCE COORDINATOR

INSTITUTION

DATE

FROM: (Commitment Name &amp; Number)

INMATE'S SIGNATURE

WORK ASSIGNMENT

QUARTERS ASSIGNMENT

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

GREETING SIR, ALL FACTS REMAIN THE SAME AS ORIGINAL GRIEVANCE FILED, SCI-FRACKVILLE DOES NOT MEET THE STANDARDS OF THE A.D.A. AND/OR "REHABILITATION ACT" WHICH IS THE ACT THE A.D.A. WAS FORMED AFTER. MS. MAGDOTH MAKE A "STATEMENT" THAT THE A.D.A. /REHAB. ACT DOES NOT APPLY TO "MEDICAL AND/OR REHABILITATION" THIS IS A BLATANT LIE, "DISABLED" THINK ABOUT IT. I NEED TO SAY NO MORE. THE SPECIFIC OF YOUR DISCRIMINATION ARE NUMEROUS A) I HAVE CONFIDENCE, BECAUSE OF MY DISABILITY, I AM NOT OFFERED A SHOWER, WHEN I SAID MYSELF, NOW AM I PROVIDED PRIVACY (SINGLE CELL) TO WASH MY BEATINGS, I MUST DO IT IN FRONT OF WHOEVER TO MUCH ENDEAVOURMENT, B) I HAVE NO SUFFY PAPER AROUND MY TOILET (OR) BED TO CATCH MYSELF WHEN I FALL C.) I AM OFFERED NOT SINGLE SECOND OF

B. Actions taken and staff you have contacted before submitting this grievance: REHAB THERAPY HERE BECAUSE YOU HAVE NOT A HOSPITAL (OR) INFIRMARY, I HAVE A CONDITION WHICH REQUIRE ME, TO AM DEAL WITH AN INFIRMARY, AND THIS AND YOUR MEDICAL "MEDICATION DISCRIMINATION" IS WHY I AM IN SO MUCH PAIN AND HAVE A LOT OF THESE PROBLEMS. YES THE A.D.A. /REHAB. ACT APPLIES TO "LACK OF MEDICAL TREATMENT".

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

22

COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections  
State Correctional Institution at Frackville  
Superintendent's Office  
June 27, 2000

**SUBJECT:** Appeal from Initial Review  
Official Inmate Grievance FRA-0294-00

**TO:** Jeffrey Moser BE-4713  
AA-22

  
**FROM:** Joseph W. Chesney  
Superintendent

Upon receipt of your appeal to the Initial Review of the above cited grievance, I have reviewed the original grievance and the response you received.

Regarding the Americans with Disabilities Act, (ADA); you have not been denied any accommodation under this act. You have made no application for such accommodation, despite having been provided the means to do so (twice). If you comply with Mrs. Nauroth's instructions, your request will receive appropriate attention.

Regarding incontinence; your complaint has been investigated but no evidence of such a problem was discovered. You do have the means available to cleanse yourself without (extra) showers.

Regarding single-cell housing: this is a classification issue which you must discuss with your Unit Manager.



Regarding medical treatment; SCIF does have an infirmary and a full range of medical, restorative and rehabilitative services which are made available at the direction of licensed medical professionals. You have been offered treatment for your back problem, and have rejected same.

JWC/st

cc: Mrs. Nauroth  
Mr. Forr  
Mr. Rosato  
DC-15  
File

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0294-00

TO: GRIEVANCE COORDINATOR <b>FINAL REVIEW</b>	INSTITUTION <b>SCI-FRACKVILLE</b>	DATE <b>3rd July, 2000</b>
FROM: (Commitment Name & Number) <b>Jeffery Paul Moser B#4713</b>	INMATE'S SIGNATURE	
WORK ASSIGNMENT <b>10 Jobs made Available for the Disabled</b>	QUARTERS ASSIGNMENT <b>A-A-22</b>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

SCI-FRACKVILLE DOES NOT COMPLY WITH THE A.D.A. ACT (or) REHAB. ACT, THEY ARE IN CONSTANT VIOLATIONS & BLATANTLY DISCRIMINATE TOWARDS THE DISABLED & MENTAL ILL... THEY PROVIDE "NO" SERVICE FOR THE DISABLED RATHER THEY HARRASS THOSE WHOM ASK FOR ASSISTANCE WITH "NO" COMMON RESPECT FOR INDIVIDUAL DIGNITY, PRIVACY, EQUAL ACCESS... They are not set-up for the disabled here and refuse to comply and/or make any effort to assist those who are in need of Private Celling (Dignity & Respect & Privacy) Bed Bars, Toilet Bars, Employment, Vo-Rehab Services, Release Counseling, as well as S.S.I. Assistance... They make a Mockery out of Medical services here and refuse the Disabled any kind of Pain Management or Physical Therapy, Canes, wheelchairs, ECT..... I have Placed (2) Request for Services in and Both are Treat as they were "LOST IN THE MAIL" and ignored. Then the admin. states that if you refuse a operation, You are no longer Disabled ... When even after the operation I still shall

## B. Actions taken and staff you have contacted before submitting this grievance:

be Very disabled.. And such is affirmed in Medical records... There is a tone here of retaliation towards the disabled, Such as some are shipped to Manahoy without there personal Legal property or Property, Phone service ect... So they drop there request or further suffer the wrath of Mr. O'Connor & Linda Nauroth & Mr. Smith .. Thank You

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

**COMMONWEALTH OF PENNSYLVANIA**  
**Department of Corrections**  
**State Correctional Institution at Frackville**  
**Superintendent's Office**  
**February 1, 2000**

**SUBJECT:** Appeal from Initial Review  
Official Inmate Grievance No. FRA-0028-00

**TO:** Jeffrey Moser, BE-4713  
A-A22

**FROM:**   
Joseph W. Chesney  
Superintendent

Upon receipt of your appeal to the Initial Review of the above cited grievance, I have reviewed the original grievance and the response you received.

As stated by Ms. Nauroth, neither she nor I can prescribe medication or order a Doctor to change his, for a patient. Here, as on the street, they prescribe what is necessary.

Ms. Nauroth also stated there is nothing in your record to indicate any additional injuries.

Your question/grievances have been adequately addressed.

JWC/ca

cc: DC-15  
File

SUBMISSION WITNESSED AND COPIED

DC-804

PART 1

JUST BY:

R. M. W. J.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598\* Appeal To Title -  
Superintendent

## OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0028-00

\* Personal Interview Requested

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
T.V. - Appeal To Superintendent	S.C.E. FRACKVILLE	01-28-2000
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER BE4713	Jeff Moser	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-A-22	

## INSTRUCTIONS: (PLEASE SEE MS. NAWROTH "WRITTEN" RESPONSE FOR RECORD) (ALL OF THEM)

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

FOR THE RECORD FRA-0028-00 GRIEVANCE WAS (2) SEPERATE GRIEVANCES THAT THE MEDICAL ADMINISTRATION CONSOLIDATED INTO (1) GRIEVANCE NOT# SO ALL ADDRESS THEM AS ONE. (PLEASE SEE ATTACHED DOCUMENTS) AS YOU CAN SEE I WAS GRIEVING THESE FACTS, 1.) THE MEDICAL ADMINISTRATION KNEW (IN WRITING) THAT I COULD NOT BALANCE ON THE ICE & SNOW BECAUSE OF A SPINAL INJURY, BUT DID NOTHING TO PREVENT FURTHER HARM TO ME, 01/20/2000 I FELL ON THE ICE, AS OF A RESULT OF THERE MEDICAL & ADMIN. NEGLIGENCE. I WAS INJURED WORSE AS A RESULT, AND SUFFER INCREASED PAIN ETC. (SUBJECTED FURTHER SPINAL INJURY) BUT NOW I AM STILL REQUIRED TO WALK ON ICE & SNOW DAILY, AS THEY CARE NOT IF I BREAK MY BACK AGAIN. (INTENTIONAL INDIFFERENCE) 2.) I DON'T WANT TO TAKE ANY MEDICATIONS, - NEED - I NEED STRONGER PAIN MEDICATION WHICH ARE DISCRIMINATED "CLEARLY" AGAINST HERE. (DR.) DOCUMENTED, REGARDLESS OF THE NEED. MS. NAWROTH CLEARLY DOESN'T WANT TO RESOLVE THESE ISSUES "SIMPLY" BY PUTTING ME IN A

B. Actions taken and staff you have contacted before submitting this grievance: PRISON I DON'T HAVE TO WALK ACROSS ICE OR SNOW ENCLOSED (HUNNINGFORD, WESTERN, BRIDGEMAN, ETC.) FOR MY OWN PHYSICAL SAFETY & GIVE ME EFFECTIVE PAIN MEDICATION (CLAIMS DRUG ADDICTION) ANOTHER CONTRADICTION IT HAS NOTHING TO DO WITH MY "M.R.S. REPORTS AND MANY DOCTORS BEFORE" PROOF OF NEED, NOT WANT. ONE CONTRADICTION AFTER ANOTHER. I CAN'T GET ADMINISTRATIVE RELIEF, I'VE TRIED, NOW I MUST SEE ABOUT THE FALL & DISCRIMINATION.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date



DC 804

PART 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

GRIEVANCE NO.

FRA-0028-00

OFFICIAL INMATE GRIEVANCE

\* Personal Interview Requested \*

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
TO - Appeal To Superintendent	S. L. E. FRANKVILLE	01-28-2000
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MPOSEN BE4713	[Signature]	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-A-22	

## INSTRUCTIONS:

- (PLEASE SEE MR. MURROTH'S "WRITTEN" RESPONSE IN BLOCKS) (ALL OF THEM)
1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
  2. State your grievance in Block A in a brief and understandable manner.
  3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

FOR THE RECORD FRA-0028-00 GRIEVANCE WAS (2) SEPARATE GRIEVANCES THAT THE MEDICAL ADMINISTRATIONS CONSOLIDATED INTO (1) GRIEVANCE NO. SO I'VE ALREADY TAKEN AS ONE. (PLEASE SEE ATTACHED DOCUMENTS) AS YOU CAN SEE I WAS TELLING THESE FACTS, 1.) THE MEDICAL ADMINISTRATIONS KNEW IN WRITING THAT I COULD NOT BALANCE ON THE ICE & SNOW BECAUSE OF A SPINAL INJURY, \* BUT DID NOTHING TO PREVENT FURTHER DAMAGE TO ME, ON 12/20/99 I FELL ON THE ICE, AS OF A RESULT OF THERE MEDICAL & ADMIN. NEGLIGENCE. I WAS INJURED WORSE AS A RESULT, AND SUFFER INCREASED PAIN ETC. (SUBJECTED FURTHER SPINAL INJURY) BUT NOW I AM STILL REQUIRED TO WALK ON ICE & SNOW DAILY. OR THEY CARE NOT IF I CAN'T WALK BACK ALONE. (INTENTIONAL CRUELTY) 2.) I DON'T WANT TO TAKE ANY MEDICATIONS - NEED - I NEED STRONGER PAIN MEDICATION WHICH ARE DISCRIMINATED "CIVILLY" AGAINST ME. (DR.) DOCUMENTED, REMOVED FROM THE NEED FOR MR. MURROTH CLARK DOES NOT WANT TO RESOLVE THESE ISSUES "SIMPLY" BY PUTTING ME ON A

B. Actions taken and staff you have contacted before submitting this grievance: [Signature] I DON'T HAVE TO WALK ACROSS ICE OR SNOW FURTHER (HUMILIATION, WASTING, TRANSFERRED, ETC.) FOR MY OWN PHYSICAL SAFETY & GIVE ME EFFECTIVE PAIN MEDICATIONS (CLARK'S DRUG ADDICTION) ANOTHER CONTRADICTION IT HAS NOTHING TO DO WITH MY "M.D.T. RESPECTS AND MANY DOCTORS BEFORE" PART OF NEED, NOT WANT. DATE CONTRADICTION ANOTHER. I CAN'T GET ADMINISTRATIVE RELIEF, I'VE TRIED, NOW I MUST SEE ABOUT THE FALL & DISCRIMINATION.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598FINAL APPEAL →

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0028-00

TO: GRIEVANCE COORDINATOR <u>FINAL REVIEW APPEAL</u>	INSTITUTION <u>FRACKVILLE</u>	DATE <u>7 FEB 2000</u>
FROM: (Commitment Name & Number) <u>JEFFERY MOSER BE4713</u>	INMATE'S SIGNATURE <u>Jeffery Moser</u>	
WORK ASSIGNMENT <u>NONE</u>	QUARTERS ASSIGNMENT <u>A-A-22</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

THIS FINAL APPEAL IS ENTERED IN GOOD FAITH, I DO WANT TO OBTAIN RELIEF WITHOUT CIVIL LITIGATION, PLEASE REVIEW ALL THE ENCLOSED GRIEVANCE COPIES, AS THE SITUATION REMAINS THE SAME, THE FACTS ARE STILL:

A.) I STILL WALK ON ICE AND SNOW DAILY, WITHOUT NO CONSIDERATION TO MY CONDITIONS (MEDICALLY) AT FURTHER RISK TO MYSELF... B.) I WAS FURTHER HURT IN THE ACCIDENT THAT OCCURRED AND I AM NOT RECEIVING ANYMORE MEDICAL TREATMENT, THAN BEFORE, WHEN I WAS BEING IGNORED. C.) I AM NOT RECEIVING EFFECTIVE PAIN MEDS BECAUSE OF THE MEDICATION DISCRIMINATION POLICY OF FRACKVILLE AND HAVE BEEN TOTAL CUT OFF MY "ATTORNEY" FROM MENTAL HEALTH UNDER THE SAME POLICY. IF HOW MRS. NAUROTH SAYS "I GOT LOTS OF SUITS AGAINST ME," JOIN THE PARTY!" I WONDER HOW MANY ARE TRIED IN,

## B. Actions taken and staff you have contacted before submitting this grievance:

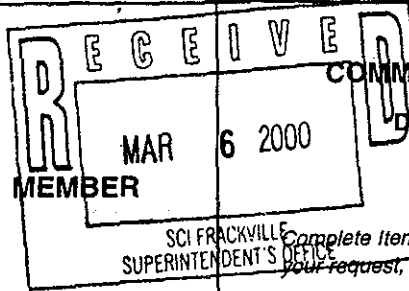
THE PUBLIC, KNOWN TO THE TAXPAYERS, (AS WILL BE THE CASE WITH ME.) THIS IS A SYSTEM HERE, THAT IS OUT OF HAND AND UNLAWFUL BUT THANKFULLY, I'VE BEEN ABLE TO DOCUMENT EVERYTHING. PLEASE CORRECT THE INJUSTICE IN A COUPLE SIMPLE STEPS TO BOTH OUR BENEFIT. THANK YOU.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-135A

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

## INMATE'S REQUEST TO STAFF MEMBER

## INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MR. TORR

2. DATE

5 MAR 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK, BE471-3

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

SIR, I WANTED TO LET YOU KNOW, I WAS "ORDERED" BY SGT. HAGGARD TO CUT MY HAIR THIS WEEK, AND WILL DO SO IN VIOLATION OF MY RELIGIOUS BELIEFS. I HAVE FILE ADMINISTRATIVE GRIEVANCE, WHICH WAS NOT THE ROUTE I WANTED TO TAKE, BUT WAS FORCED TO, SO I HAVE NO RECOURSE BUT TO ENFORCE LAST COURT ACTIONS NOW. I HAVE PROPERTY I CAN'T GET OUT OF THE PROPERTY ROOM FOR WEEKS NOW, THIS ALL SEEMS TO BE ONE DELIBERATE ACT OF INDIFFERENCE TOWARDS ME AFTER ANOTHER I WASN'T GOING TO SEEK (ANY) LITIGATION (MEDICAL'S 1ST AMEND.) ENLIGHTEN OF THE FACT, I HOPE TO BE RELEASED WITHIN THE NEXT SEVERAL MONTH. BUT WHAT OTHER OPTION DO I HAVE, TO PROTECT MYSELF NOW? PLEASE

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

CONTINUE TO TRY TO ASSIST ME, IF YOU WOULD, IT WOULD BE GREATLY APPRECIATED.

GOD BLESS. A. MOSEK.

you were scheduled but because of the ice storm the app't was cancelled. The storm was in late Feb + many places cancelled app't which included my dental app't. IN THE near future you will be going back out

JF 3-9-00

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER


DATE

ATA AA  
22

COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections  
State Correctional Institution at Frackville  
Superintendent's Office  
January 19, 2000

**SUBJECT:** Appeal from Initial Review  
Official Inmate Grievance No. FRA-0007-00

**TO:** Jeffrey Paul Moser, BE-4713  
A-A-22

**FROM:**   
Joseph W. Chesney  
Superintendent

Upon receipt of your appeal to the Initial Review of the above cited grievance, I have reviewed the original grievance and the response you received.

There is no documentation involved in how you are being treated.

Medical decisions are made by the Doctors; you are not being retaliated against.

You are being treated per current protocol and practices.

JWC/ca

cc: CHCA Nauroth  
DC-15  
File



Submission Dated/Witnessed:

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

APPEAL TO SUPERINTENDENT

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA  
0007-00

TO: GRIEVANCE COORDINATOR

INSTITUTION

DATE

S.C.E. FERRISVILLE

15 Jan. 2000

FROM: (Commitment Name &amp; Number)

INMATE'S SIGNATURE

JEFFERY MOSER BE4713

QUARTERS ASSIGNMENT

WORK ASSIGNMENT

A.A-22

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I HEREBY NOW APPEAL GRIEVANCE NO# 0007-00 FOR YOUR FULL REVIEW, I AM INDIGENT AND WITHOUT MEANS TO COPY ALL ORIGINAL COPIES, BUT STILL DUE, REVIEW AND DUE PROCESS RIGHTS, 3<sup>rd</sup> PROTECTIONS FROM 8th AMEND. VIOLATIONS, PLEASE REVIEW COMPLETE Gri. Content and Ms. Nauroth Responses. WITH THIS I BELIEVE YOU CAN SEE THE MEDICAL STAFF'S (S) REFUSAL TO PROPERLY TREAT ME, AND THE MEDICATIONS DISCRIMINATION POLICY AT S.C.E.F. I DON'T ASK TO RETALIATED AGAINST MORE, IN THE FORM OF HAVING ALL MY MEDICATION STOPPED, I JUST WISH TO STAY ALIVE AS LONG AS POSSIBLE, IN AT LEAST SEVER PAIN AS POSSIBLE, ALL OF WHICH IS NOT THE CASE HERE BECAUSE OF (COST-N-DIS CRIMINATION) ALSO HEP "C" IS A TERMINAL ILLNESS - "THERE IS NO CURE" JUST MEDICAL TREATMENT.

## B. Actions taken and staff you have contacted before submitting this grievance.

THIS IS AN APPEAL, OF A GRIEVANCE ADDRESSED THRU MR. FORR AND RESPONDED TO BY MS. NAUROTH, PLEASE REVIEW FILE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

Submission Dated/Witnessed

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

Appeal to Superintendent.

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0001-00

TO: GRIEVANCE COORDINATOR	INSTITUTION S.C.E. FRACKVILLE	DATE 16th Jan. 2000
FROM: (Commitment Name & Number) Jeffery Moser BE4713	INMATE'S SIGNATURE <i>Jeffery Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT A-A-22	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I HEREBY NOW APPEAL GRIEVANCE NO. # FRA-0007-00 FOR YOUR FULL REVIEW. I AM INDIGENT AND WITHOUT MEANS TO COPY ALL ORIGINALS NEEDED FOR FURTHER LITIGATION, BUT STILL DUE REVIEW AND DUE PROCESS RIGHTS AND PROTECTIONS FROM 8TH AMEND. VIOLATIONS, "PLEASE REVIEW COMPLETE FILE #3 GRIEVANCE CONTENT. WITH THIS I BELIEVE ALL STATED IN ORIGINAL GRIEVANCE STANDS TRUE, WHICH MS. NAUROTH STATES IT IS D.O.C. POLICY TO TARGET CERTAIN MEDICATIONS, REGARDLESS OF THE NEED TO THE PATIENT, POLICY OVERRULE ALL, PLEASE NOTE I DID GET PROPER MEDS AT THE PRIST. I CAME FROM, SO MS. NAUROTH STATEMENT MAY BE IN ERROR, BE IT THAT, THE MEDICATION DISCRIMINATION, & MEDICAL NEGLECT HAS ONLY HAPPENED TO ME AT S.C.E. FRACKVILLE AND NOW ADMITTED TO BY THE ADMIN. I'M STILL NOT RECEIVING PROPER DESIGNATED MEDICATION (OR) TREATMENT. AS

B. Actions taken and staff you have contacted before submitting this grievance: MS. NAUROTH AS MADE THIS PERSONAL TOWARDS ME. PLEASE REVIEW & CORRECT - THANK YOU.

THIS IS AN APPEAL, OF GRIEVANCE ADDRESSAL THOUGH MR. FORD AND RESPONDED TO BY MS. NAUROTH, PLEASE REVIEW FILE #3 - MS. NAUROTH'S RESPONSES AND ACTIONS.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

3rd Session Dated/Witnessed

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

Appeal to Superintendent.

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0001-00

TO: GRIEVANCE COORDINATOR	INSTITUTION S.C.E. FRACKVILLE	DATE 16th Jan. 2000
FROM: (Commitment Name & Number) Jeffery Moser BE4713	INMATE'S SIGNATURE <i>Jeffery Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT A-A-22	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I HEREBY NOW APPEAL GRIEVANCE NO. # FRA-0007-00 FOR YOUR FULL REVIEW, I AM INDIGENT AND WITHOUT MEANS TO COPY ALL ORIGINALS NEEDED FOR FURTHER LITIGATION, BUT STILL DUE REVIEW AND DUE PROCESS RIGHTS AND PROTECTIONS FROM 8TH AMEND. VIOLATIONS, "PLEASE REVIEW COMPLETE FILE #3 GRIEVANCE CONTENT. WITH THIS I BELIEVE ALL STATED IN ORIGINAL GRIEVANCE STANDS TRUE, WHICH MS. NAUROTH STATES IT IS D.O.C. POLICY TO TARGET CERTAIN MEDICATIONS, REGARDLESS OF THE NEED TO THE PATIENT, POLICY OVERULE ALL, PLEASE NOTE I DID GET PROPER MEDS AT THE JAIL. I CAME FROM, SO MS. NAUROTH STATEMENT MAYBE IN ERROR, BE IT THAT, THE MEDICATION DISCRIMINATION, MEDICAL NEGLECT HAS ONLY HAPPENED TO ME AT S.C.E. FRACKVILLE AND NOW ADMITTED TO BY THE ADMIN. I'M STILL NOT RECEIVING PROPER DESIGNATED MEDICATION (OR) TREATMENT. AS

B. Actions taken and staff you have contacted before submitting this grievance: MS. NAUROTH AS MADE THIS PERSONAL TOWARDS ME. PLEASE REVIEW #3 CORRECT - THANK YOU.

THIS IS AN APPEAL, OF GRIEVANCE ADDRESSAL THOUGH MR. FARR AND RESPONDED TO BY MS. NAUROTH, PLEASE REVIEW FILE #3 - MS. NAUROTH'S RESPONSES AND ACTIONS.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
1451 N. MARKET STREET  
ELIZABETHTOWN, PA 17022

OFFICE OF THE  
CHIEF HEARING EXAMINER

March 7, 2000

Jeffrey Moser, BE-4713  
SCI Frackville

Re: DC-ADM 804 - Final Review  
Grievance No. FRA-0028-00

Dear Mr. Moser:

This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, VI D, as amended effective November 1, 1997, I have reviewed the entire record of this grievance; including your initial grievance, the Grievance Officer's response, your appeal from initial review and the Superintendent's response. I have also carefully reviewed the issues you raise to final review with the Bureau of Health Care Services.

Upon completion this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. I find the issues raised for final review have been addressed by the Grievance Coordinator and the Superintendent, and their responses are reasonable and appropriate.

I concur with the responses already provided at the institution level. Accordingly, your appeal to final review must be denied.

Sincerely,



Robert S. Bitner  
Chief Hearing Examiner

RSB:ph

pc: Superintendent Chesney



Submissions Dated/Witnessed

DC-804

PART 1

WET

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA. 17001-0598

Appeal to Superintendent.

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0001-00

TO: GRIEVANCE COORDINATOR

INSTITUTION

S.C.F. FORT KVILLE

DATE

16th Jan. 2000

FROM: (Commitment Name &amp; Number)

INMATE'S SIGNATURE

Jeffery Moser BE4713

QUARTERS ASSIGNMENT

WORK ASSIGNMENT

A.A-22

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I hereby now appeal grievance No. # FRA-0007-00 for your full review, I am indigent and without means to copy all originals need for further litigation. But still due review and due process rights and protections from 8th amend. Violations, "Please review complete file # grievance content. With this I believe all stated in original grievance stands true, which Ms. Nauroth states it is D.O.C. Policy to Target certain medications, Regardless of the need to the patient, Policy overrule all, Please note I did get proper meds at the time I came from, so Ms. Nauroth statement may be in error, be that, the medication discrimination, happened to me at S.C.F. Fort Kville and now admitted to by the Admin. I'm still not receiving proper designated medication and treatment. As

B. Actions taken and staff you have contacted before submitting this grievance Ms. Nauroth as made this personal towards me. Please review & correct. Thank you.

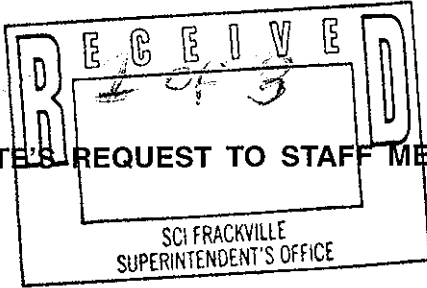
This is an appeal, of grievance addressed though Mr. Fore and responded to by Ms. Nauroth, Please review file # - Ms. Nauroth's responses and actions.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-135A



## INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

## INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MR. FERR

2. DATE

MAR. 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

JEROME ROSE BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

CONTAINING, AS I HAVE A COMPLAINT, I BELIEVE IT IS ONLY FAIR TO WRITE YOU WHEN YOU HAVE ASKED ME AND SAY, "THANK YOU FOR YOUR ASSISTANCE IT IS APPRECIATED", I AM NOT LIKE A LOT OF INMATES, I'M NOT COMPLAINT UNLESS IT'S A VALID ISSUE, AND IT'S NOT MY INTENTION TO SEE THE DOCTOR, I HAVE NO CAUSE TO BEER WITH THEM, AND AS LONG AS I HAVE SOMEONE AS YOURSELF TO ACKNOWLEDGE MY COMPLAINT AND "ADDRESS THEM" I WILL DO MY BEST LOOK TO RESOLVE THE ISSUE AT YOUR LEVEL, AND TRY NOT TO BRING ANYTHING TO YOUR DESK, OR I'M NOT TOTALLY HAPPY WITH THE OUTCOME OF MY COMPLAINT ON MY RELIGIOUS RIGHTS, AS MY CASE BEING CASE BEFORE AND NOW I AM IN DISAGREEMENT, SO NOW IT'S MY CHOICE TO PROCEED OR NOT FURTHER, BUT THE GOOD THING IS THAT YOU ADDRESSED THE PROBLEM.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

There is a date in the near future for you to see a DR AND AS FOR THE OTHER ISSUE THE CHAPLIN EXPLAINED THE PROCEDURE ESTABLISHED BY DOC TO DEAL WITH HAIN ISSUES RELATING TO RELIGION.

JF 3-13-00

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS**

**INMATE'S REQUEST TO STAFF MEMBER****INSTRUCTIONS**

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MR. FOX

2. DATE

10/12/00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MUSSEL RE4773

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-AZ

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

SITUATION FOR THAT I AM APPRECIATIVE, I'M GOING TO LET THIS ISSUE OF (RELIGION) FOLD AT THE TIME AS I HAVE MORE IMPORTANT MEDICAL ISSUES TO DEAL WITH, BUT I MUST BE HONEST WITH YOU, AS YOU ALWAYS TRY TO BE HONEST WITH ME SINCE, AS IT IS JUST A FACT OF PRISON LIFE THAT WITHOUT A WHITE GUY STANDS UP FOR RELIGIOUS FREEDOMS IN THE PRISON SYSTEM, THEY ARE "LABELED" A TROUBLE MAKER, AND HARMONISED AND TREATED WITH DELIBERATE INDIFFERENCE; FOR INSTANCE, AS SOON AS YOU LEFT TODAY, CAPT. BRYCE (WHOM'S BEEN OFF FOR WEEKS) WILL TO MAKE SURE I HAD MY HANDS OUT, MOST LIKELY BECAUSE IF IT WASN'T THEY WOULD OF JOYFULLY, ESSED ME A WORST MISCONDUCT, NOW WHY WAS I IMPORTANT TO THIS MAN, I DON'T KNOW HIM, I WAS IMPORTANT BECAUSE OF "WHAT I STOOD FOR TO MY SUPERVISOR AS YOU AND FOR GOING TO YOU WITH MY PROBLEM" THUS I DESERVE TO → R 3#

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS**

**INMATE'S REQUEST TO STAFF MEMBER****INSTRUCTIONS**

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MR. FORK

2. DATE

10 MAR. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

TO BE RETALIATED AGAINST, SO AT THIS TIME I WILL NOT INDUCE INDIFFERENCE, BUT WILL WATCH MY BACK AND ASK FOR YOUR ASSISTANCE IN THIS, I ALSO WOULD LIKE "YOUR CONTINUED ASSISTANCE WITH OVERSEEING MY MEDICAL NEEDS" I "HEP C." WHICH I ASSUME I'VE HAD FOR OVER 10 YEARS, WHICH IS NOT BEING TREATED OTHER THAN A BLOOD TEST EVERY 6 MONTHS, WHICH IS NO TREATMENT AT DCL, AT MINIMUM I SHOULD BE MONITOR MONTHLY, NEXT I CAME HERE NEEDING A SPINAL FUSION AND ON HEAVY PAIN MEDS BECAUSE I NEED THEM, (ALL TO DATE HAVE BEEN IGNORED FOR THE MOST PART UNDER DR. O'CONNORS WATCH) I BELIEVE IF I HAD THE STRONG PAIN MEDS APPROVED BY THE ADMIN. I COULD STALL THE COSTLY SURGERY UNTILL I GET OUT THIS SUMMER "IF I MAKE PAROLE", THATS THE BOTTOM LINE SIR, I JUST WANT TO "LIVE AS PAIN FREE AS POSSIBLE" THE KEY WORD BEING "LIVE" BECAUSE UNTREATED ILLNESS WILL KILL YOU UNTILL I AM OUT OF YOUR HAIR, AND HOME WITH MY FAMILY (CHILDREN) TILL I DIE, DR. O'CONNOR IS WAY OUT OF THE LAWFUL LIMITS ON (BOTH) THESE ISSUES, SO I WOULD APPRECIATE ALL YOUR HELP, AS I JUST WANT WHAT RIGHT AND DUE TO ME MEDICALLY, I DON'T WANT TO BE TROUBLE TO ANY BODY, BUT UNDERSTAND SIR, I MUST FIGHT FOR WHAT RIGHT MY LIFE, AND CHILDREN FUTURE, IF I CAN'T GET HELP AT THIS LEVEL, MAYBE SOMEDAY YOU'LL BE IN RENO AND I CAN STAND YOU AROUND, THEN YOU WOULD SEE I'M JUST A GUY WOULD LOVES HIS FAMILY AND GOD THAT DOES WANT TO HARM (OR) CAUSE TROUBLE FOR NOBODY. I WOULD LIKE THAT, ONCE AGAIN THANKS, YOUR CONTINUED ASSISTANCE IS APPRECIATED GREATLY. GOD BLESS YOU & YOURS.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

PLEASE GET BACK TO ME! J. MOSEK.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE



DC-804  
PART 1-

2#

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

(Part 2 of 2 (Pages))

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0072-00

TO: GRIEVANCE COORDINATOR <i>[Signature]</i>	INSTITUTION S. L. FRA	DATE 5 MAR, 2000
FROM: (Commitment Name & Number) MOSEK BE-4713	INMATE'S SIGNATURE <i>[Signature]</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT A-A-22	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

WITH OTHERS OUT OF MY FAITH BASES, WHICH WILL BE NEAR IMPOSSIBLE, DUE TO THE BARBER SHOP IS IN NO MANNER EQUALLY DIVIDED AMONG THE RACES OR RELIGIONS SO I MUST COMPROMISE ANOTHER STATEMENT OF FAITH AND ENDURE. I FIND IT SAD THAT AFTER ALL LAST LITIGATION, THAT STILL ONLY OTHER RACES (OTHER THAN WHITE) CAN HAVE THEIR RELIGIOUS BELIEFS HONORED IN YEAR 2000, I FIND IT SAD THAT EVEN STILL IF I'M WHITE AND CLAIM MY FAITH HERE, I AM CALLED A RACIST, NAZI, SKINHEAD, VIOLENT, EXTREMIST, ETC. BECAUSE I AM WHITE, (WHICH COULDN'T BE FURTHER FROM THE TRUTH AND IS PROVEN NOT TO BE TRUE IN COURT DOCUMENTS) I LOVE GOD, I'LL PEOPLE, I JUST DON'T PRO CREATE WITH ALL. DON'T LET THE BAD APPLES RUIN THE BASKET. NOW I AM A MUCKENY TO THE STAFF, TO BE HARASSED AND DISCRIMINATED AGAINST FOR FILE THIS AND OTHER GRIEVANCE, JUST ASK (A) SGT. (S) AND UNIT MANAGER THERE "HONEST" OPINION! I ASK YOU PUT A STOP TO THE "DELIBERATE INDIFFERENCE TOWARD ME AND MY RELIGION AND PLEASE, I WILL SAY NO MORE (GR) LITIGATE FURTHER. I GOT CHILDREN WHOM NEED A FATHER, AND THAT'S MY MAIN GOAL. PLEASE TALK TO ME, I'M UNDERSTANDING AND FAIR...

## B. Actions taken and staff you have contacted before submitting this grievance:

\* (SEE PG. ONE (1))

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

Submission Witnessed

Part 1 of 2 (Pages) 22

Personal Interview Requested

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0072-00

TO: GRIEVANCE COORDINATOR <b>* MR. FORR</b>	INSTITUTION <b>S.C.I. FRANKVILLE</b>	DATE <b>5 MAR. 2000</b>
FROM: (Commitment Name & Number) <b>MOSEK BE-4713</b>	INMATE'S SIGNATURE <b>A. Moser</b>	
WORK ASSIGNMENT <b>NONE</b>	QUARTERS ASSIGNMENT <b>A-A-22</b>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

IN 1997, IT WAS MY UNDERSTANDING THAT IF I WAS IN THE PA. D.O.C. (FRA) THAT MY RELIGIOUS BELIEFS WOULD NOT BE DISCRIMINATED AGAINST DUE TO LITIGATION (MOSEK V. CHESNEY) (SETTLEMENT SIGNED AFTER RELEASE) NOW AFTER I COME BACK TO THE SYSTEM, I DO NOT ASK FOR SERVICE, LITIGATION, BIBLE STUDIES, CATHARTICS ETC. ETC. TO BE PROVIDED TO ME PER MY RIGHT, I'VE KEPT TO MYSELF, ONLY ASKING NOT TO BE HARASSED (OR) DISCRIMINATED AGAINST (OR) RETALIATED AGAINST DUE TO MY 1ST MORMON BELIEFS AND LITIGATION FOR THOSE RIGHTS. I ONLY ASK TO KEEP MY HAIR (MID. LENGTH) AS IS PART OF MY FAITH AND VIEW OF THE FAITH (NORDIC OR. NORTHERN. TRIBE.) NOW TODAY (SUNDAY) I WAS ORDERED BY SGT. HAGGARD TO HAVE IT CUT REGARDLESS OF MY FAITH - (KNOWLY VIOLATING MY BELIEFS) PLUS IT IS AGAINST MY FAITH TO PRO-CREATE (OR) SHARE BODILY FUNCTIONS, FLUIDS (OR) HAIR.

— (Pg 2#) — CONTINUED →

## B. Actions taken and staff you have contacted before submitting this grievance:

I'VE TRIED TO WORK OUT A RESOLUTIONS WITH, (KOWSKI: BLOCK OFFICER,) (SGT. HAGGARD) (LT. SOMER) WHOM WENT TO CAPT. BAILEY (WROTE MR. CHESNEY) (TALKED TO MR. FORR) ...

THANK YOU AND GOD BLESS YOU ...

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date